

COUNTY BOROUGH OF ST. HELENS



Annual Report

of the

Medical Officer of Health

for the Year 1960

G. O'BRIEN, M.B., Ch.B., D.P.H.,

Medical Officer of Health

and Principal School Medical Officer

Telephone: St. Helens 4061 (Extension 231)

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TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE
COUNTY BOROUGH OF ST. HELENS

Mr. Mayor, Ladies and Gentlemen,

I beg to submit the Report on the health of St. Helens for the year 1960.

The following statement shows some of the principal statistical rates during the past five years.

	1956	1957	1958	1959	1960
Birth rate per 1,000 of population	16.8	17.2	16.9	17.1	17.5
Death rate per 1,000 of population	10.7	10.7	11.4	10.8	11.5
Infant Mortality per 1,000 live births	27.4	31.0	35.8	24.3	39.2
Maternal Mortality per 1,000 total births	1.04	0.51	0.51	1.02	0.50
Tuberculosis death rate per 1,000 of population	0.14	0.16	0.17	0.12	0.09

The birth rate at 17.5 per 1,000 estimated population was a small increase over that for 1959. The infant mortality rate showed a sudden increase from 24.3 per 1,000 live births in 1959 to 39.2 in 1960. Such a marked fluctuation was obviously due to some unusual factor, and this was the epidemic of virus pneumonia amongst infants which occurred in February, March and April of the year. This accounted for fifteen deaths alone, and undoubtedly led to the marked increase in the infant mortality rate. Later comment is made regarding this in the section dealing with Maternity and Child Welfare.

The incidence of the main infectious diseases was extremely low during the year. For the ninth successive year the town was free from diphtheria and no case of poliomyelitis occurred. One unusual outbreak of food poisoning in a very mild form was traced to the consumption of raw coconut imported into the country from the east. It was later found that the occurrence of these very mild cases was linked with the discovery of infected material in other parts of the country, mainly at the sea ports. During the investigation, close contact was maintained with Medical Officers from the Ministry, who visited the district to examine the local situation.

Much work was done in the immunisation and vaccination service during the year. Some 16,000 people were vaccinated against poliomyelitis, a great number of these being third injections to people who had already received two injections in the previous year. It was estimated by the end of the year that as regards the child population between six months and fifteen years of age, over 80% had been immunised. This can be considered a very satisfactory result and reflects great credit on the hard work done by members of the staff.

The important work of slum clearance was continued during the year, and four clearance areas were represented to the Public Health Committee. This involved a total of 233 houses and, in addition, undertakings to demolish by owners were accepted in respect of 32 houses. During the year also confirmation was received from the Ministry of Housing and Local Government in respect of small areas declared in the previous year involving a total of 51 properties.

The difficulty of obtaining Public Health Inspectors to keep to establishment was very great during the year. Despite the Department's scheme for the training of its own students, the loss to outside Authorities invariably seems continually to deplete the staff. This has caused a consequent reflection in the progress of slum clearance, but, more important, it has led to an inevitable delay in the work of proceeding with the declaration of smoke control areas under the Clean Air Act. It is difficult to foresee any staff improvement in the near future, as recruitment of trained Officers from outside areas has become a thing of the past in the case of this County Borough.

The introduction of the new Mental Health Act during the year entailed much re-organisation in the Department. Approval had previously been received to the Local Authority's proposals for care and after-care of persons suffering from mental disorder and various schemes were laid before the Committee for provision over the next five years of improved community services for persons suffering from mental illness. Attention continued to be given to the training of staff for the new Junior Training Centre and further detail in connection with this is given in the Mental Health Section of the Report.

Urgent consideration was given during the year to the question of the provision of new Ambulance Service Headquarters. It had been obvious for some years that the service was working under great difficulty and much credit is due to the Health Committee for their swift recognition of the need for improved accommodation and the assistance given to the Officers in their dealings with the Ministry. By the end of the year, the Medical Officer of Health had visited the Ministry together with the appointed Architect and agreement had been reached on the form and design of the new Headquarters. It is expected that rapid progress may be made during the coming year.

Once again I must pay tribute to the work done in the Department during 1960. As year succeeds year, there is a gradual expansion of each of the services, perhaps not commented on in detail in the Report, but nevertheless inevitably occurring to meet the demands from the public. This programme must be faced, together with the launching of entirely new projects, and the considerable strain on the clerical, nursing and medical staff of the Department has been borne without complaint. The work has been done efficiently and well, and for all these successful advances which have been made I am indebted to the willing and able assistance of every member of the staff. My thanks are also due to members of the Council for their help and advice given on many of the schemes submitted to them during the year.

I have the honour to be,

Your obedient Servant,

G. O'BRIEN.

PUBLIC HEALTH COMMITTEE, 1960/61

Chairman:

ALDERMAN M. A. SHARD, J.P.

Deputy-Chairman:

COUNCILLOR J. F. McDONNELL

The Right Worshipful the Mayor
COUNCILLOR J. MURPHY, J.P.

Alderman W. Burrows, J.P.

„ J. E. Hughes, O.B.E., J.P.

„ W. Marshall

„ J. O'Brien

„ R. Rennie

„ J. Thackray, J.P.

„ J. A. Waring

Councillor R. S. Ellison, J.P.

„ E. Kerr

„ P. M. Lowe

„ C. Martin

„ S. Moore

HEALTH COMMITTEE

The Public Health Committee and the following:

Mrs. H. B. Bates (co-opted)

Mrs. B. McGhie (co-opted)

Dr. D. R. Holden (nominated by the Local Medical Committee)

Mr. W. Davies (nominated by the St. Helens Executive Council)

Mrs. E. M. L. Else, J.P. (nominated by St. Helens and District Hospital Management Committee).

STAFF

Medical Officer of Health and Principal School Medical Officer:

GERALD O'BRIEN, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health:

JAMES HUTCHINSON WALSH, L.R.C.S.I., L.R.C.P.I., L.M., D.P.H.

Assistant Medical Officers of Health:

Enid M. Hughes, M.B., Ch.B.

Mary Pilling, M.R.C.S., L.R.C.P., C.P.H.

John E. O'Malley, M.R.C.S., L.R.C.P., D.P.H.

Margaret P. Gardiner, M.B., Ch.B., D.P.H., D.C.H., D.R.C.O.G.

(ceased 18.9.60)

Mary Kathleen Boland, M.B., B.Ch. (from 4.10.60)

Dental Officers:

Vincent Higham, L.D.S., Principal School Dental Officer (ceased 31.10.60)

William John Meakin, L.D.S., R.C.S., Principal School Dental Officer (from 1.11.60)

Annie Patricia Farrell, B.D.S., School Dental Officer (from 1.3.60)

Public Health Inspectors:

Chief Public Health Inspector: Nathaniel Birch

James R. R. Norris, *Deputy Chief Public Health Inspector*

Griffith R. Hull, *Atmospheric Pollution Inspector*

Henry T. Rothwell, *Specialist Inspector*

Fred Platt, *Specialist Inspector*

Thomas Dean, *Specialist Inspector*

Norman Smith, *Specialist Inspector*

John David Lyon, *Specialist Inspector*

John B. Douglas, *Public Health Inspector*

Kenneth Simm, *Public Health Inspector*

Brian A. Taylor, *Public Health Inspector* (ceased 31.5.60)

Derrick G. Roberts, *Public Health Inspector*

Ronald Rimmer, *Public Health Inspector* (from 23.5.60)

Health Visitors and School Health Visitors:

Superintendent: Rita Lamb

Lilian S. Boardman

Emily E. Cameron

Edith Lilian Farmer

Margaret Gandy

Teresa J. Howard

Catherine Knowles

Irene L'Amie

Margaret P. O'Brien (School Nurse
to 13.3.60)

Eileen O'Connor

Constance M. Pennington

Jean Pennington

Annie Pimblett

Eveline Semple

Sheila M. Rothwell (from 15.8.60)

Margaret P. O'Brien (from 14.3.60)

Marian Singleton

Mary B. P. S. Vaughan

Leah Fazackerley (Part-time)

May Fairclough (Part-time)

Hazel M. Wright (ceased 6.11.60)

Mary Hughes (from 23.5.60)

Veronica M. O'Ryan (from 23.5.60)

STAFF—continued

Student Health Visitors:

Doreen Agnes Caffrey (from 2.8.60)

Midwives:

Non-Medical Supervisor of Midwives: Audrey I. Robinson

Margaret Boulton
Edna Davies
Eileen Evans
Sarah J. Gilroy
Kathleen Gaskell
Marilyn C. Hamer

Caroline Leonard
Elsie A. Parr
Amy Simm
Florence Stanier (ceased 30.9.60)
Kathleen Somers

Chief Clerk: J. J. Spencer, D.P.A.

Welfare Officer (Prevention of Illness, Care and After-Care):
Miss M. Miller

Tuberculosis Health Visitor (Part-time): Mrs. Bridget Jackman

Physiotherapist: Miss Barbara Jean Harrison, M.C.S.P., O.N.C. (ceased 17.7.60)
Miss Angela M. McLoughlin, M.C.S.P. (from 1.12.60)

Home Help Organiser: Mrs. E. G. Oldridge

Duly Authorised Officers:

Eric Causey (Mental Welfare Officer)
Mary McKenna (Mental Welfare Officer)
Norma M. Rickarby, B.Com. (Social Study) (Mental Welfare Officer)
John R. Bratt (Mental Health Clerk)

Occupation Centre Supervisor: Miss I. W. Marsh

STAFF—*continued**Clerk/Dispenser:*

William John Selvey (also part-time Welfare Officer, Special Treatment Centre)

Ambulance Service:

G. M. Norman (Ambulance Superintendent)

Day Nursery: F. Kitts (Matron) (ceased 4.11.60)
Margaret R. Ephgrave (Matron) (from 1.11.60)

The following are Part-time Officers:

Consultant Obstetricians:

Percy Malpas, M.B., Ch.B., L.R.C.P., F.R.C.S., F.R.C.O.G.

Henry V. Corbett, M.Sc., M.D., Ch.B., F.R.C.S., L.R.C.P., M.M.S.A.,
M.R.C.O.G.

Area Chest Physician:

J. B. H. MacArthur, M.B., B.S., M.R.C.P.E.

Public Analyst and Agricultural Analyst:

J. G. Sherratt, B.Sc., F.R.I.C.

Dental Officers: Annie Patricia Farrell, B.D.S. (to 29.2.60)

M. J. McCann, L.R.C.P. (Ireland) Anaesthetist

Dental Nurse: Maureen Barnes

I.—GENERAL AND VITAL STATISTICS—1960

Area (acres)	8,865
Population (estimated, mid-year 1960)	109,610
Rateable Value	£1,057,760
Product of a penny rate	£4,225

STATISTICAL SUMMARY FOR 1960

					M.	F.	Total
Live Births:— Legitimate					954	911	1,865
Illegitimate					21	29	50
Totals					975	940	1,915

Birth Rate per 1,000 of the estimated population	.....	.....	.....	.....	.....	17.5
Still-Births:—M. 36, F. 37; Total: 73.						
Rate per 1,000 total (live and still) births	.....	.....	.....	.....	.....	36.7
Total live and still births:—Live	.....	.....	.....	.....	.....	1,915
Still births	.....	.....	.....	.....	.....	73
						<hr/> 1,988

Deaths:—M. 678, F. 586; Total: 1,264	
Crude Death Rate per 1,000 of the estimated population	11.5

Deaths of infants under one year of age:—					M.	F.	Total
Legitimate					45	25	70
Illegitimate					2	3	5
					47	28	75

Death Rate of infants under one year of age:—	
All infants per 1,000 live births	39.2
Legitimate infants per 1,000 legitimate live births.....	37.5
Illegitimate infants per 1,000 illegitimate live births	100.0

Neo-Natal Deaths: (i.e. Deaths of infants under one month)			
Deaths:	M. 27	F. 18	Total: 45

Neo-Natal Death Rate: (per 1,000 live births)	23.5
---	------

Number of women dying from diseases and accidents of pregnancy and child-birth:	1
---	---

Rate per 1,000 total (live and still births)	0.50
--	------

Deaths from Measles	—
„ Whooping Cough	—
„ Gastritis, Enteritis and Diarrhoea	6
„ Tuberculosis (all forms)	10

Table V.S.1 gives a summary of the vital statistics for the past 50 years.

Table V.S.1.
Statistics for St. Helens

YEAR	Population	Birth Rate	Crude Death Rate	Infant Mortality Rate	DEATHS FROM							
					Smallpox	Measles	Scarlet Fever	Typhoid Fever	Typhus Fever	† Diarrhoea	Whooping Cough	Diphtheria
1911	96,870	33.5	18.3	158	0	69	13	22	0	143	39	8
1912	98,159	32.0	15.5	124	0	62	19	8	0	49	46	19
1913	99,460	32.2	18.9	155	0	189	26	4	0	120	18	15
1914	100,775	33.3	17.1	138	0	25	5	4	0	98	24	8
1915†	92,240	32.1	19.3	129	0	126	12	6	0	78	40	32
1916†	90,000	26.5	16.8	108	0	2	30	2	0	64	34	85
1917†	90,600	22.0	16.5	123	0	65	20	2	0	37	19	79
1918†	90,600	24.1	21.2	126	0	26	24	0	0	48	24	100
1919†	100,805	25.5	15.0	117	0	5	9	2	0	35	7	25
1920	104,822	31.8	13.5	113	0	56	7	0	0	44	7	13
1921	104,900	29.1	12.6	103	0	7	5	0	0	62	24	5
1922	106,400	26.4	13.4	115	0	60	4	2	0	28	3	5
1923	107,100	24.4	11.9	91	0	0	4	1	0	24	10	8
1924	108,700	24.1	12.0	103	0	29	1	2	4	36	11	4
1925	109,600	23.9	12.0	100	0	17	7	3	0	35	33	6
1926	110,000	23.2	12.0	102	0	27	1	0	0	43	4	6
1927	113,100	20.8	11.4	88	0	60	2	0	0	26	5	7
1928	110,500	21.8	12.0	98	0	15	5	1	0	29	21	10
1929	109,200	20.7	14.6	114	0	49	6	1	0	23	13	11
1930	109,200	21.5	11.4	80	0	7	2	0	0	4	8	4
1931	108,300	20.1	12.5	88	0	30	0	0	0	21	0	7
1932	107,600	20.1	11.4	89	0	1	1	0	0	26	4	0
1933	107,600	18.0	14.0	116	0	12	2	3	0	18	52	8
1934	*108,240	19.1	10.6	65	0	10	2	1	0	19	1	18
1935	108,100	18.7	12.2	94	0	14	2	1	0	21	15	17
1936	108,000	18.3	12.1	56	0	7	4	0	0	13	3	26
1937	107,400	18.6	12.1	88	0	3	2	0	0	12	7	15
1938	107,200	18.2	11.4	70	0	9	3	0	0	16	6	14
1939	106,600	17.3	11.6	79	0	1	3	0	0	18	4	23
1940†	103,300	18.0	13.4	78	0	10	0	0	0	8	5	19
1941†	102,750	18.6	11.4	71	0	2	1	1	0	13	15	13
1942†	101,500	17.7	10.6	65	0	6	0	1	0	13	1	11
1943†	99,410	19.8	13.0	72	0	0	1	0	0	16	4	6
1944†	98,410	20.5	11.3	57	0	4	0	0	0	21	2	1
1945†	99,150	20.3	11.3	60	0	0	0	0	0	17	0	0
1946†	104,740	22.2	11.0	60	0	2	0	0	0	26	3	2
1947†	105,790	25.2	12.7	70	0	10	0	0	0	44	1	0
1948†	110,100	21.3	10.2	61	0	0	0	0	0	14	1	1
1949	112,100	17.9	10.7	41	0	0	0	0	0	10	2	1
1950	112,500	17.9	10.1	39	0	0	0	0	0	21	2	0
1951	109,400	16.9	13.3	38	0	1	0	0	0	14	0	0
1952	109,100	17.8	10.4	38	0	0	0	0	0	11	0	0
1953	108,200	17.5	10.6	44	0	1	0	0	0	9	1	0
1954	*111,700	17.0	10.9	41	0	0	0	0	0	5	0	0
1955	111,900	16.0	11.0	33	0	0	0	0	0	3	0	0
1956	110,900	16.8	10.7	27	0	0	0	0	0	9	0	0
1957	110,900	17.2	10.7	31	0	0	0	0	0	8	0	0
1958	110,600	16.9	11.4	36	0	2	0	0	0	8	0	0
1959	110,700	17.1	10.8	24	0	1	0	0	0	4	0	0
1960	109,610	17.5	11.5	39	0	0	0	0	0	6	0	0

† Estimated civil population.

* Borough extended.

‡ Gastritis, Enteritis and Diarrhoea from 1950 inclusive.

POPULATION.—The Registrar General's estimate of population for mid-year 1960 was 109,610 compared with 110,700 for mid-year 1959. During the year the natural increase in population (i.e. excess of births over deaths) was 651.

BIRTHS.—The number of live births registered during 1960 as belonging to St. Helens was 1,915, giving a birth rate of 17.5 per 1,000 of the estimated population. This rate is slightly higher than that for 1959 when 17.1 was recorded. The birth rate when adjusted by the area comparability factor of 0.94 gives a rate of 16.45 per 1,000 of the population. The birth rate for England and Wales during 1960 was 17.1.

Of the 1,915 births, 975 were males and 940 females, giving a sex ratio of 1,035 males to every 1,000 females.

DEATHS.—During 1960 there were 1,264 deaths from all causes (678 males and 586 females) giving a crude death rate of 11.5 per 1,000 of the population, as compared with 10.8 in 1959. The adjusted death rate for the year (for national comparison) after applying the area comparability factor of 1.32 was 15.2 per 1,000 of the population. The death rate for England and Wales as a whole for 1960 was 11.5 per 1,000 of the population.

Table V.S.4 shows that of these deaths, 206 were due to cancer and 586 to diseases of the heart and circulatory system. These two causes, therefore, accounted for 792 out of a total of 1,264 deaths, i.e. approximately 63%. There were 10 deaths from tuberculosis (all forms) during the year compared with 13 in the previous year.

The infantile mortality rate was 39.2 per 1,000 live births, compared with 24.3 in the previous year. The rate for England and Wales was 21.9 per 1,000 live births.

The maternal mortality rate for the year 1960 was 0.50 per 1,000 live and still births, compared with 0.39 for England and Wales.

Further reference to the infantile and maternal mortality death rates is made in the appropriate sections of this Report.

Causes of Death.—Figures relating to the causes of, and ages at, death are given in Table V.S.4.

Deaths from Tuberculosis.—Tuberculosis was the cause of 0.8% of all deaths that occurred during 1960. The corresponding percentage in 1959 was 1.1%. The ages at which these deaths occurred are shown in Table V.S.4. Further reference is made in the special section (VII) on Tuberculosis.

Malignant Diseases.—The deaths from these diseases during the past five years were as follows:—

Table V.S.2.

AGE GROUPS	1956	1957	1958	1959	1960
Under 1 year	1	—	—	—	—
1—	—	1	1	—	1
5—	—	1	—	—	—
15—	2	—	—	—	3
25—	9	10	18	19	18
45—	99	75	78	99	90
65—	61	64	63	46	56
75 and over	40	33	63	48	38
Total	212	184	223	212	206
Percentage of the total deaths	17.9	15.6	17.7	17.8	16.3
Death rate per 1,000 of population.....	1.9	1.7	2.0	1.9	1.9

The following table V.S.3, gives particulars of deaths due to malignant causes during the last five years:

Table V.S.3.

Cause	1956		1957		1958		1959		1960	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Cancer—										
Stomach	26	11	24	13	22	21	18	11	19	16
Lung	53	5	34	5	50	3	47	7	41	7
Other	52	65	50	58	52	75	64	65	55	68
Totals	131	81	108	76	124	99	129	83	115	91
	212		184		223		212		206	

INFANTILE MORTALITY.—During 1960 there were 75 deaths of infants under one year of age (47 males and 28 females), corresponding to an infantile mortality rate of 39.2 per 1,000 live births. This compares with 46 deaths and a rate of 24.3 in 1959.

Careful supervision continued to be exercised during the year and investigations have been carried out in every instance where death has occurred in a child under one year of age. A summary of the findings following these investigations is given in the section of this Report dealing with Maternity and Child Welfare.

Table V.S.4.

Causes of, and ages at, death during 1960

Causes of Death	Sex	All Ages	0—1	1—	5—	At Ages 15—	25—	45—	65—	75—
Tuberculosis Resp.	M	6	—	—	—	—	1	3	—	2
	F	4	—	—	—	—	2	—	1	1
Tuberculosis Other	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
Syphilitic Disease	M	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	1	1	—	—
Diphtheria	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
Whooping Cough	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
Meningococcal Infections	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
Measles	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
Malignant Neoplasm, Stomach	M	19	—	—	—	—	1	6	7	5
	F	16	—	—	—	—	1	5	7	3
Malignant Neoplasm, Lung, Bronchus	M	41	—	—	—	1	2	29	9	—
	F	7	—	—	—	—	—	3	4	—
Malignant Neoplasm, Breast	M	—	—	—	—	—	—	—	—	—
	F	19	—	—	—	—	4	9	4	2
Malignant Neoplasm, Uterus	M	—	—	—	—	—	—	—	—	—
	F	11	—	—	—	—	1	5	3	2
Other Malignant and Lymphatic Neoplasms	M	55	—	1	—	2	4	18	10	20
	F	38	—	—	—	—	5	15	12	6
Leukaemia, Aleukaemia	M	2	—	—	—	—	2	—	—	—
	F	2	—	1	—	—	—	1	—	—
Diabetes	M	5	—	—	—	—	—	1	1	3
	F	8	—	—	—	—	—	3	2	3
Vascular Lesions of Nervous System	M	69	—	—	—	—	—	13	22	34
	F	90	—	—	—	—	3	18	35	34
Coronary Disease, Angina	M	120	—	—	—	—	5	47	43	25
	F	70	—	—	—	—	1	14	29	26
Hypertension with Heart Disease	M	8	—	—	—	—	—	3	—	5
	F	12	—	—	—	—	—	4	3	5
Other Heart Disease	M	65	—	—	—	2	3	11	14	35
	F	99	—	—	—	—	4	18	20	57
Other Circulatory Disease	M	32	—	—	—	—	—	6	7	19
	F	21	—	—	—	—	—	3	3	15
Influenza	M	3	1	—	—	—	—	2	—	—
	F	2	1	—	—	—	—	1	—	—
Pneumonia	M	51	9	1	—	—	—	8	10	23
	F	47	7	—	—	—	—	1	7	32
Bronchitis	M	66	1	—	—	—	—	21	30	14
	F	19	—	—	—	—	—	5	3	11
Other Diseases of Respiratory System	M	11	1	—	—	—	—	3	5	2
	F	4	—	—	—	—	—	2	1	1
Ulcer of Stomach and Duodenum	M	9	—	—	—	—	2	2	3	2
	F	6	—	—	—	1	—	—	—	5
Gastritis, Enteritis and Diarrhoea	M	3	3	—	—	—	—	—	—	—
	F	3	1	—	—	—	—	—	1	1
Nephritis and Nephrosis	M	2	—	—	—	—	1	1	—	—
	F	4	—	1	—	—	1	2	—	—

Table V.S.4.—continued.

Causes of Death	Sex	All Ages	0—1	1—	At Ages		25—	45—	65—	75—
					5—	15—				
Hyperplasia of Prostate	M	5	—	—	—	—	—	—	3	2
	F	—	—	—	—	—	—	—	—	—
Pregnancy, Childbirth, Abortion	M	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	1	—	—	—
Congenital Malformations	M	13	12	—	—	—	—	1	—	—
	F	2	2	—	—	—	—	—	—	—
Other Defined and Ill-defined Diseases	M	59	20	—	—	—	3	5	8	23
	F	74	16	3	—	—	2	11	12	30
Motor Vehicle Accidents	M	9	—	—	1	4	1	2	—	1
	F	8	—	1	2	—	1	3	1	—
All Other Accidents	M	20	—	2	1	2	2	4	2	7
	F	11	1	—	1	—	3	—	2	4
Suicide	M	4	—	—	—	—	—	4	—	—
	F	6	—	—	—	—	2	3	1	—
Homicide and Operations of War —	M	1	—	—	—	—	—	—	1	—
	F	—	—	—	—	—	—	—	—	—
TOTALS: All Causes	M	678	47	4	2	11	27	190	175	222
	F	586	28	6	3	1	32	127	151	238
GRAND TOTALS —		1264	75	10	5	12	59	317	326	460

II.—METEOROLOGY

Rainfall.—The total rainfall for 1960 as measured at the Victoria Park Observatory was 40.94 inches compared with 28.77 inches in 1959. At the Eccleston Hill Waterworks 39.27 inches were recorded compared with 30.13 inches in the previous year.

The highest day's rainfall of the year—1.28 inches—occurred during the 24 hour period ending at 9.0 a.m. on May 12th. The average daily rainfall for May, June, July and August was .12 inches compared with .07 inches for the corresponding period in 1959. The wettest month was November with 5.65 inches. The driest month was February with 1.40 inches.

Sunshine.—It was not possible to take recordings during 23 days of April and the months of May to September owing to the recording instrument being smashed, and precautions being taken against wilful damage prior to replacing the instrument. The highest reading was 8 hours on October 11th.

Temperature.—Temperatures of 75° F. and over were recorded on 10 days during the summer. The highest temperature recorded was 82°F. on June 6th and the lowest was 23°F. on February 14th. The recorder was out of action 81 days during October to December.

Wind Pressure.—On 15 days during the year a wind force of 20 m.p.h. and over was recorded. Strong winds of 34 m.p.h. on March 9th and 30 m.p.h. on April 14th were also recorded.

The following Table M.1 shows the maximum and minimum temperatures recorded in each month and the distribution of sunshine and rainfall throughout the year.

Table M.1.

Month	Maximum temperature recorded in shade	Minimum temperature recorded in shade	Sunshine	No. of sunless days	Rainfall	No. of days on which rain fell
	°F	°F	Hours		Inches	
January	55.4	24.4	14½	21	4.34	17
February	58.2	23.3	59¾	10	1.40	13
March	61.0	30.2	61½	11	1.67	13
April.....	60.8	29.3	12½	4	1.58	12
May	77.5	35.2	No	—	2.45	11
June	82.8	43.0	Readings	—	2.04	10
July	70.4	46.5	„	—	4.78	20
August	74.0	44.0	„	—	5.39	22
September	74.1	38.3	4¾	—	3.37	16
October	65.1	46.3	50¼	10	3.30	19
November	No Therm.	No Therm.	27½	13	5.65	25
December	No Therm.	No Therm.	26	14	3.64	16
			256¾	83	39.61	194

Sunshine Recorder out of action April 8—30 (23 days); May 31 days; June 30 days; July 31 days; August 31 days; September 1st to 28th (28 days)—174 days.

III.—INFECTIOUS DISEASES

As regards Infectious Diseases, the year 1960 proved to be one of very low epidemic incidence.

For the ninth successive year the town was free from diphtheria.

No case of poliomyelitis occurred in the course of the year. This compares with 2 cases in 1959, 1 in 1958 and 17 in 1957.

As will be seen from Table I.D.2, the incidence of the other common infectious diseases was also very low, only chicken pox and whooping cough showed any increase on the previous year. There were only 389 cases of measles as compared with 2,206 in 1959. If the disease pattern noted in recent years continues, the incidence of this condition may again rise sharply during 1961.

There were no cases of food poisoning notified during 1960 and only 12 cases of Sonne Dysentery. Undoubtedly the diligent manner in which the Food Hygiene Regulations are being implemented by the Public Health Inspectors has contributed towards this happy position. There is also a growing awareness on the part of the public of the practical value of these Regulations. It is considered, however, that from time to time mild enteric infections do occur, but for one reason or another these escape notification and consequent investigation.

In January of 1960 there was an outbreak of Paratyphoid B fever, involving 2 cases and 12 symptomless excretors. This outbreak occurred in a local Maternity Hospital and was very worrying for a time. The initial case was admitted to the Maternity Hospital suffering from symptoms of Paratyphoid B fever which were not recognised at the time. She was later transferred to a general hospital, and when the diagnosis was confirmed, to the local Isolation Hospital.

Investigations carried out at the Maternity Hospital revealed that one patient had been infected and was suffering from a mild form of the disease. In addition, 6 members of the staff and 6 patients, 4 of them babies, were found to be symptomless excretors. The organism isolated both from the cases and the symptomless excretors was *Salmonella Paratyphi B*, Phage type 1, Var. 9.

On examining Health Department records, it was found that there was no record of this type of organism ever being isolated in St. Helens previously. These points were discussed with Professor Robinson at the Public Health Laboratory, Liverpool, and it was ascertained that this Variety 9 organism had not been previously isolated in this country. At the same time, the Department became aware that Var. 9 organism of the type which had started the outbreak had been found in batches of desiccated coconut imported into this country from Ceylon.

Investigation in the home revealed that no contacts of the original case were infected with the organism, although the communal diet appeared at first to be common to all. One item, however, was found to be peculiar to the diet of the patient and that article was raw desiccated coconut. During her pregnancy she developed a taste for this foodstuff and had consumed large quantities of raw coconut prior to her illness. It would seem, therefore, that this woman was infected at home by this foodstuff, and having been admitted to the Maternity Hospital proceeded to infect the 12 other people concerned in the outbreak.

During the process of the investigation, contact was maintained with Officers of the Ministry who, following a visit to St. Helens, were prepared to accept that the outbreak was, in fact, due to infection from raw coconut. The organism was obviously of low virulence, as can be seen from the fact that the majority of the cases were symptomless excretors, but a considerable time elapsed during which constant bacteriological checks were observed before the Department was satisfied that the infection was finally eradicated from the personnel of the hospital staff.

Table I.D.1.

Notification of Infectious Diseases received during the undermentioned years.

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Smallpox	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	130	327	92	116	658	286	208	170	141	118
Diphtheria	1	—	—	—	—	—	—	—	—	—
Measles	2613	1022	1600	830	1083	295	2331	289	2206	389
Whooping Cough	552	616	613	95	484	286	284	27	77	213
Enteric Fever	6	—	1	3	—	—	5	—	—	—
Dysentery	16	18	4	133	198	67	35	377	17	12
Erysipelas	14	19	10	7	15	9	8	7	8	2
Pneumonia *	91	58	36	30	35	27	42	15	20	10
Typhus Fever	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	3	4	1	1	4	1	3	3	2	3
Ophthalmia Neonatorum	—	—	3	1	1	—	1	—	—	1
Acute Poliomyelitis	6	4	—	6	5	—	17	1	2	—
Acute Encephalitis	—	2	—	—	—	—	—	—	—	—
Meningococcal Infections	6	5	9	4	1	8	11	3	2	3
Malaria	—	—	—	1	—	—	—	—	—	—

* Acute Primary and Influenzal

Table I.D.2.

Infectious Diseases.—Total number of cases notified, number of cases admitted to isolation hospital, and the total deaths from each disease as shown in Registrar General’s classification of deaths.

Year 1960

DISEASE	Notifications received	Cases admitted to hospital	Total Deaths
Smallpox	—	—	—
Scarlet Fever	118	60	—
Diphtheria	—	—	—
Measles	389	9	1
Whooping Cough	213	8	—
Enteric Fever	—	—	—
Dysentery	12	4	—
Erysipelas	2	1	—
Pneumonia, Acute Primary and Influenzal	10	2	—
Typhus Fever	—	—	—
Puerperal Pyrexia	3	1	—
Ophthalmia Neonatorum	1	—	—
Acute Poliomyelitis	—	—	—
Acute Encephalitis	—	—	—
Meningococcal Infections	3	3	—
Malaria	—	—	—
Food Poisoning	—	—	—
Paratyphoid Fever	2	2	—

Table I.D.3.

Age distribution of cases of Infectious Diseases notified.
Year 1960

DISEASE	Notifications received	Under 1	1—	2—	3—	4—	5—	10—	15—	20—	35—	45—	65—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	118	—	7	9	18	22	40	19	3	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	389	32	43	55	55	59	140	4	1	—	—	—	—
Whooping Cough	213	36	20	33	22	33	65	3	—	1	—	—	—
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	12	—	2	3	1	1	4	—	—	1	—	—	—
Erysipelas	2	—	—	—	—	—	—	—	—	—	—	2	—
Pneumonia*	10	1	—	—	1	—	—	—	—	—	1	6	1
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	3	—	—	—	—	—	—	—	—	3	—	—	—
Ophthalmia Neonatorum	1	1	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	3	2	1	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever.....	2	—	—	—	—	—	—	—	1	1	—	—	—

*Acute Primary and Influenzal

Disinfection and Disinfestation.—By arrangement with the Liverpool Regional Hospital Board the use of facilities for disinfection of personal articles of patients is retained at the St. Helens Peasley Cross Isolation Hospital. Facilities are also retained at this Hospital in the Cleansing Block for the treatment of scabies and the cleansing of verminous persons. During 1960, 4 cases of scabies were treated, and 13 infested persons were cleansed under these arrangements. The corresponding figures for 1959 were 12 cases of scabies and 29 infested persons.

Laboratory Work.—The following Table, I.D.4., shows the number of specimens received by the Health Department for distribution to various laboratories during the year.

Table I.D.4.

Specimens	Number Received	Results	
		Positive	Negative
Swabs for Diphtheria	12	—	12
Blood for Rh Factor	421	256	165
Gastro-Enteritis, Dysentery, and Food Poisoning	456	44	412
Total	889	300	589

IV.—IMMUNISATION AND VACCINATION

Diphtheria Immunisation.—In 1960 the Local Authority's Scheme for Diphtheria Immunisation of the child population was continued as previously. Table I.V.1, below, indicates the number of children in different age groups who received primary immunisation and reinforcing injections in 1960.

Table I.V.1.
Number of children immunised against Diphtheria during 1960.

	Under 1 year	1-4 years	5-14 years	15 years or over	Total
Primary Immunisations					
Local Authority Medical Officers	851	421	543	—	1815
Private Practitioners	419	132	46	3	600
Total	1270	553	589	3	2415
Reinforcing Injections					
Local Authority Medical Officers	—	329	1215	9	1553
Private Practitioners	—	20	47	—	67
Total	—	349	1262	9	1620

The following shows the record of primary immunisations carried out since 1955.

1955	1956	1957	1958	1959	1960
1476	1216	1433	1530	1879	2415

1960—DIPHTHERIA IMMUNISATION

The gradual increase in the number of children being immunised against diphtheria noted in recent years received a considerable boost during 1960. An intensive effort was made during the autumn of the year to increase interest in diphtheria immunisation. Full use was made of the conventional means of Health Education such as posters, leaflets, etc., but the word of mouth advice given by the Health Visiting Staff still remains the most potent form of Health Education. Considerable success was achieved in this campaign when 2,415 children received their primary immunisation against the disease and a further 1,620 children were given their important booster dose. The corresponding figures for 1959 were 1,879 and 953 respectively. The number of children dealt with under the diphtheria immunisation scheme during 1960 was the largest for over seven years.

These efforts have improved the immunity index, though this figure is still too low. The failure of parents to bring their children for their second booster injection at the age of ten years tends to influence this figure considerably in an adverse way. However, it is fair to point out that 77.4% of the child population under the age of fifteen years have in fact been immunised against diphtheria at some time during their childhood, and this figure in some respects gives a more accurate picture of the overall position.

1960 was the ninth successive year in which no case of diphtheria occurred in St. Helens.

Table I.V.2.

Diphtheria Immunisation in relation to child population.

Number of Children at 31st December, 1960, who had completed a course of Immunisation *at any time before that date* (i.e. at any time since 1st January, 1946).

Age at 31/12/60 i.e. Born in Year	Under 1 1960	1-4 1959-1956	5-9 1955-1951	10-14 1950-1946	Under 15 Total
Last complete course of injections (whether primary or booster)					
(A) 1956-1960	664	4,226	5,808	1,963	12,661
(B) 1946-1955	—	—	1,216	6,793	8,009
(C) Estimated mid-year child population	1,820	6,980	17,900		26,700
*Immunity Index	36.5%	60.5%	43.4%		47.4%

*The Immunity index refers only to children who have had either a primary or re-inforcing injection during the last five years.

The following Table, I.V.3., shows the number of children immunised against Whooping Cough under this scheme during the year.

Table I.V.3.

Number of children immunised against Whooping Cough during 1960.

	under 1 yr.	1 yr.	2 yrs.	3 yrs.	4 yrs.	5 yrs & over	Total
(1) Primary Immunisation							
(a) Whooping Cough Antigen only	—	—	—	—	—	—	—
(b) Combined with other Antigens							
Local Authority Medical Officers	846	131	62	43	49	22	1153
Private Practitioners	419	79	24	16	12	43	593
Total	1265	210	86	59	61	65	1746
(2) Reinforcing Injections							
(a) Whooping Cough Antigen only	—	—	—	—	—	—	—
(b) Combined with other Antigens							
Local Authority Medical Officers	—	6	12	42	240	418	718
Private Practitioners	—	4	5	—	11	33	53
Total	—	10	17	42	251	451	771

Vaccination against Smallpox.—The following Table, I.V.4., is a record of the vaccinations carried out during 1960.

Table I.V.4.

Number of Vaccinations against Smallpox during 1960

	Under 1 year	1 year	2-4 years	5-14 years	15 years and over	Total
Vaccinations						
Local Authority Medical Officers	300	5	2	8	1	316
Private Practitioners	355	10	10	7	26	408
Total	655	15	12	15	27	724
Re-Vaccinations						
Local Authority Medical Officers	—	—	2	1	8	11
Private Practitioners	—	3	8	20	136	167
Total	—	3	10	21	144	178

VACCINATION AGAINST POLIOMYELITIS

1960 was a year of consolidation and re-inforcement for the poliomyelitis vaccination scheme. Some 3,731 received their initial two injections and 12,336 third injections or “booster” doses were given. In addition, 201 persons had received 1 injection and were awaiting their second at the end of the year. Full particulars of the numbers vaccinated, shown in accordance with their years of birth, are given in Table I.V.5.

Throughout the year extensive use was made of posters, leaflets and press advertisements to popularise this form of vaccination. The results obtained from these methods of health education were steady rather than spectacular.

The gradual build up of immunity in the child population continued along satisfactory lines, and by the end of 1960 over 80 % of the child population between 6 months and 15 years of age had been vaccinated. As the control of poliomyelitis in its epidemic form may well depend upon the vaccination levels in these age-groups, this figure is a source of satisfaction.

Progress was also made with the older age-groups, although here the rate of vaccination was much slower. All adults under the age of 40 years may now be vaccinated against poliomyelitis either by the Local Authority or their family Doctor. The policy of sending vaccination teams to the large factories and workshops in the town again gave the best results with these older age-groups. Considerable use was also made of lunch-time and other special clinics. A further push on poliomyelitis vaccination, particularly aimed at the older age-groups, is planned for the Spring of 1961.

There were ample supplies of vaccine available throughout the year, and the almost complete absence of untoward reactions following vaccination is worthy of comment.

TABLE I.V.5.
PARTICULARS OF POLIOMYELITIS VACCINATIONS
CARRIED OUT DURING 1960

Date of Birth	No. of persons who completed two injections		Total	No. of persons who received the third injection		Total
	Local Authority Medical Officers	General Practitioners		Local Authority Medical Officers	General Practitioners	
1920	38	7	45	20	4	24
1921	56	4	60	13	4	17
1922	51	10	61	26	1	27
1923	58	8	66	22	2	24
1924	67	11	78	33	2	35
1925	65	17	82	32	4	36
1926	77	11	88	36	3	39
1927	82	8	90	41	6	47
1928	88	8	96	68	3	71
1929	73	10	83	59	8	67
1930	103	12	115	61	9	70
1931	103	14	117	76	10	86
1932	116	14	130	102	10	112
1933	49	14	63	355	21	376
1934	35	14	49	421	36	457
1935	34	10	44	445	32	477
1936	34	14	48	432	42	474
1937	33	24	57	443	42	485
1938	33	22	55	505	34	539
1939	35	18	53	522	37	559
1940	34	9	43	556	29	585
1941	37	18	55	596	30	626
1942	31	11	42	560	24	594
1943	26	7	33	331	30	361
1944	14	—	14	190	23	213
1945	37	1	38	189	26	215
1946	27	7	34	451	24	475
1947	16	3	19	307	23	330
1948	29	3	32	258	25	283
1949	27	3	30	263	25	288
1950	31	6	37	242	19	261
1951	29	8	37	257	12	269
1952	44	6	50	316	28	344
1953	70	5	75	402	31	433
1954	82	10	92	466	24	490
1955	61	11	72	358	26	384
1956	61	14	75	407	38	445
1957	113	11	124	492	47	539
1958	229	39	268	673	97	770
1959	530	103	633	168	40	208
1960	59	5	64	—	—	—
	2,817	530	3,347	11,194	941	12,135
Special Categories:						
(a) Ante-natal cases	344	—	344	—	—	—
(b) Others, e.g. Hospital Staff, etc.	28	12	40	194	7	201
	3,189	542	3,731	11,388	948	12,336

In addition, 201 persons had received one injection and were awaiting the second injection at the end of the year.

V.—AMBULANCE SERVICE

Table A.S.1 gives the details of the work carried out by the Ambulance Service in St. Helens during 1960.

Table A.S.1.
CALLS ATTENDED BY AMBULANCE SERVICE DURING 1960.

Month	Accidents			Emergency		General Service Removals				Total
	Street	Works	Home	Sudden Illness	Maternity	Hospital Admissions	Hospital Discharges	Hospital Transfers	Hospital Out-patients	
January	40	13	22	36	97	273	155	41	1894	2571
February	40	24	14	46	89	240	145	29	1938	2565
March	53	23	21	37	95	314	154	22	2058	2777
April	61	16	30	54	80	238	162	34	2234	2909
May	99	25	27	37	91	247	154	31	2597	3308
June	67	25	30	51	95	228	163	22	2262	2943
July	61	18	28	43	91	206	158	32	2362	2999
August	65	15	26	41	90	203	134	39	2279	2892
September	71	24	39	51	78	211	111	32	2414	3031
October	51	19	28	58	83	248	150	31	2242	2910
November	79	15	30	42	79	240	146	41	2349	3021
December	69	16	35	51	94	269	149	25	2113	2821
TOTAL	756	233	330	547	1062	2917	1781	379	26742	34747

Table A.S.2.
AMBULANCE SERVICE MILEAGES DURING 1960.

Month	STRETCHER AMBULANCES										DUAL PURPOSE		Total
	ADJ 532	BDJ 828	BDJ 97	CDJ 233	CDJ 234	DDJ 274	EDJ 411	GDJ 111	DDJ 928	HDJ 119			
January	401	773	174	743	794	966	671	979	1987	2003			9491
February	398	667	149	838	667	765	908	801	1844	2099			9136
March	365	789	194	377	1044	1087	783	1255	2279	1909			10082
April	300	918	168	767	720	998	1035	872	1600	2358			9736
May	335	339	417	810	1029	847	734	1304	2543	1732			10090
June	374	793	327	997	685	219	1101	880	1862	1800			9038
July	338	818	90	801	812	889	914	741	1178	2787			9368
August	295	904	327	1126	75	939	998	1126	687	3066			9543
September	342	980	388	855	—	1006	913	861	2419	2206			9970
October	335	950	406	409	362	1140	1331	893	2170	1820			9816
November	397	798	347	722	916	922	904	799	2144	2541			10490
December	307	839	353	639	1250	1300	291	1058	2010	1563			9610
TOTAL	4187	9568	3340	9084	8354	11078	10583	11569	22723	25884			116370

Vehicles.

The following vehicles were in commission at the end of the year:—

Austin, ADJ 532 (year 1949).	
Morris, BDJ 97 (year 1950).	
Austin, BDJ 828 (year 1951).	
Austin, CDJ 233 (year 1952).	
Austin, CDJ 234 (year 1952).	
Austin, DDJ274 (year 1953).	
Austin, EDJ 411 (year 1955).	
Austin, GDJ 111 (year 1956).	
Bedford, DDJ 928 (year 1954)	
(Dual-purpose).	
Austin, HDJ 119 (year 1957) (Dual purpose)	
Austin, ADJ 437 (year 1936)	} Retained for Civil Defence purposes.
Austin, DJ 9102 (year 1943)	

The Ambulance Service provided an efficient service throughout the year. There was an increase in the number of calls attended, the number of cases being 34,747 compared with 33,137 in 1959. The total mileage was practically unchanged, being 116,370 as against 116,432 in the previous year.

Comment has been made in previous reports regarding the inadequacy of the Control Headquarters and the acute shortage of satisfactory garage accommodation. Early in the year a report was made to the Health Committee on the urgent need for new premises. This was approved and a decision was made to place the planning in the hands of a local firm of Architects. At the same time, formal approach was made to the Ministry of Health regarding the question of planning and design and the important matter of loan sanction. By the end of the year, agreement had been reached with Officers of the Ministry on the design of the new building in relation to the available site and permission had been obtained to proceed with the final plans for formal submission to the Ministry.

VI.—MENTAL HEALTH SERVICE

During the year 1960 the Minister declared the 1st November as the date of commencement of the Mental Health Act, 1959. Some parts had already been brought into operation by previous commencing orders, principally those provisions relating to informal admissions to hospital. The full implementation of the Act necessarily placed upon the Local Health Authority the responsibility for the provision of a comprehensive community care scheme for those persons suffering from mental disorder and the provision of care and after-care schemes to cater for those persons discharged from hospital. The new Act defined four categories of mental illness:

- (1) Mental Disorder.
- (2) Severe Subnormality.
- (3) Subnormality.
- (4) Psychopathic Disorder.

The classification of psychopathic disorder was new and gave scope for dealing with borderline cases which had fallen outside the definitions under previous legislation.

The Local Authority which had already submitted its proposals to the Ministry under Section 28 of the National Health Service Act, 1946, for the provision of community Mental Health Services in St. Helens and these proposals were approved by the Minister on the 27th April, 1960. (These proposals are reproduced in full as an Appendix to this Report). The proposals visualised:

- (1) The provision of a new Junior Training Centre and a residential hostel for juniors, together with the provision of Adult Training Centres.
- (2) The strengthening of the Mental Health Service Staff.
- (3) The expansion of guardianship functions.
- (4) The provision of adult hostel accommodation for rehabilitation following mental illness.
- (5) The provision of day centres and social clubs.
- (6) The establishment of occupational therapy and home training services.

In the meantime, the strengthening and training of the staff of the Junior Training Centre proceeded as in former years. Two new student trainees were appointed and two students appointed in the previous year commenced their Diploma Course for Teachers of the Mentally Handicapped at Manchester University during the year.

Administration. The powers and functions of the Local Health Authority under the Mental Health Act, 1959, are carried out by the Local Health Committee, which has appointed a Mental Health Sub-Committee.

This Sub-Committee consists of the Chairman and Deputy-Chairman of the Health Committee, together with five other members of the Health Committee and three co-opted members (two of whom are medical men, one being the Medical Superintendent of the Local Psychiatric Hospital). All powers and duties of the Local Health Authority, so far as they relate to Mental Health, may be referred to this Sub-Committee for report to the Health Committee. It was found convenient, however, during the year to take all matters affecting the Mental Health Service direct to the Health Committee.

Mental Health Staff.—The Medical Officer of Health is responsible for the organization and control of the local services, with the day-to-day administration of the Mental Health Department being supervised by an Assistant Medical Officer of Health. Use is also made of the Consultant Psychiatrist at present on the staff of the Local Education Authority and, where necessary, of specialist Medical Officers of the Regional Hospital Board.

The non-medical staff consists of three Mental Welfare Officers (one male, two females) and one Sectional Clerk.

The three Mental Welfare Officers have had refresher courses of training, and during 1960 the male Mental Welfare Officer attended the first part of a Course for Senior Officers in Local Health and Welfare Authorities at Reading University. Part II of this Course will be held early in 1961.

The Staff of the Training Centre consists of a Supervisor, 2 Assistant Supervisors, 2 Guide and General Helps (all female), together with 4 student trainees (one male, three female). Two of the students were in attendance at the Diploma Course in Manchester conducted by the National Association for Mental Health.

Co-ordination with Regional Hospital Boards. There are frequent consultations with the Board's Consultant Psychiatrists, and growing use is made of the domiciliary visiting service whereby the Psychiatrists are called in and are able to visit patients in their own homes. In addition, one or other of the Mental Welfare Officers make frequent visits to the local hospital psychiatric out-patient sessions.

The Local Health Authority is also undertaking, on request, the supervision of patients on trial or on licence from Psychiatric Hospitals.

The number of visits paid, the number of cases involved and the number of reports submitted during 1960 were as follows:

	<i>No. of Cases</i>	<i>No. of Visits Paid</i>	<i>No. of Reports Submitted</i>
Mental Subnormality			
Reports on home conditions for licence on trial or discharge	15	16	15
Reports on home conditions for the renewal of authority for detention	6	9	6

Duties Delegated to Voluntary Associations. No duties of the Local Health Authority have been delegated to voluntary organisations. The St. Helens Mental Welfare Society, however, assists in welfare activities among mental defectives, in connection with the provision of clothing and footwear, day outings, holidays, Christmas parties, etc. The Local Health Authority continued its grant to the funds of the Society for this work. The Women's Voluntary Services also assist in the provision of clothing and footwear.

ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY UNDER SECTION 28, NATIONAL HEALTH SERVICE ACT, 1946

Prevention. In dealing with the problem of prevention of mental illness the activities of the Mental Welfare Officers were focussed mainly on domiciliary visiting and arranging contacts with suitable organisations for those in need of advice or early treatment.

Close co-operation has been maintained by the Mental Health Service with practitioners and Consultant Psychiatrists of the local psychiatric hospital. During the year 56 attendances were made by the Mental Welfare Officers of the Local Authority at the local Hospital Psychiatric Out-Patient Clinic.

In addition, a valuable link is provided by frequent case consultations between the Health Visitors of the various districts in the town and the Mental Welfare Officers.

The growing importance of community care in the work of preventive mental health is shown by the following breakdown list of cases dealt with during the year. Inevitably some of these cases finished up by undergoing hospital treatment, but increasing emphasis on this type of work leads to much desired early diagnosis and early treatment. In many other cases it will be noted that aid and assistance was given in the adjustment of social problems and the bulk of these cases were referred from Consultant Psychiatrists, General Practitioners, and even on requests from patients themselves. In dealing with the following cases, the Mental Welfare Officers paid a total of 204 visits.

- 33 cases with domestic difficulties who were visited and improvement brought about in the home circumstances. In some of these cases, material assistance was obtained from various voluntary organisations.
- 3 cases of which 2 were admitted to Geriatric and Senile Dementia units.
- 14 cases were persuaded to undergo out-patient treatment.
- 53 cases were receiving supervisory visits.
- 4 cases were admitted to voluntary homes.
- 3 cases were admitted to a general hospital.
- 3 cases were assisted in the provision of clothing and bedding.
- 10 cases were admitted to hostels and other accommodation.
- 1 case was admitted for special hospital care.
- 1 case in respect of which a social history was completed.
- 4 cases referred to N.S.P.C.C.

Care. In this sphere of activity it was found that the majority of the problems dealt with arise in family life as a result of the admission of a member of the family to hospital. Advice and assistance were sought from the Mental Health Department on many occasions by relatives and not infrequently by request of the patients themselves. In many instances at the request of Consultant Hospital Psychiatrists in the area home visits were paid to relatives of in-patients and social histories completed.

During the year 165 visits were made in dealing with the undermentioned cases:—

- 50 cases of patients in hospitals whose home difficulties were to some extent detrimental to their recovery. Instances of these were National Assistance grants, housing difficulties, property worries, National Insurance and Pension problems and visiting arrangements.
- 2 cases in respect of which social histories were completed.
- 7 cases in which special interviews were arranged for the relatives of patients at out-patient clinics.
- 5 cases where children were involved were referred to the Children's Department and/or the N.S.P.C.C.
- 2 cases were dealt with in connection with the protection of property
- 2 cases were assisted for employment on discharge.

After-Care. The following summary gives the Local Health Authority's after-care record during 1960:—

Number on list at 1/1/1960	174
Discharged persons requesting after-care	68
	<hr/>
	242
Deleted from list during 1960	82
	<hr/>
Number on list at 31/12/1960	160
	<hr/>

After-care continues to provide a constant sphere of activity and great use is made of psychiatric surveillance at the local hospital out-patient clinics. The Mental Health Service continues to be an integral part of the whole process for rehabilitation of discharged patients and close liaison is maintained with the disablement resettlement service of the Ministry of Labour, Welfare Officers of local firms, voluntary organisations, etc.

In dealing with the following cases during the year, 259 home visits were made by the Mental Welfare Officers:—

- 29 cases requiring further treatment were re-admitted to hospitals.
- 47 cases completely recovered, needing no further after-care service.
- 16 cases were assisted with lodgings and hostel accommodation.
- 11 cases were assisted in connection with employment.
- 136 cases receiving supervisory visits, in which domestic and other problems were dealt with.
- 15 cases were assisted in the provision of food and clothing.
- 25 cases were referred for out-patient treatment.
- 2 cases were admitted to Geriatric Units.
- 3 cases were admitted to Voluntary Nursing Homes.
- 7 cases where children were involved were referred to the Children's Department and/or the N.S.P.C.C.
- 2 cases were admitted to General Hospitals.
- 2 cases in which convalescent holidays were arranged.
- 1 case was referred to Moral Welfare.

In closing, it would be pointed out that the number of people seeking the aid of the prevention, care and after-care services is increasing yearly. This burden is eased by the fact that a happy relationship exists between the local medical practitioners, the local psychiatric hospitals, the consultant psychiatrists and the mental welfare officers. During the year under review, a total of 969 interviews were conducted in this connection.

THE LUNACY AND MENTAL TREATMENT ACTS, 1890-1930.

The following is a summary of the work undertaken by Duly Authorised Officers under the above Acts, from 1st January, 1960 to 31st October, 1960:

1. Admitted to an Establishment designated for the purpose by the Minister of Health:		<i>Male</i>	<i>Female</i>	<i>Total</i>
(a)	On Three Day Orders under Section 20 of the Lunacy Act, 1890	22	20	42
(b)	On Justices' Fourteen Day Orders under Section 21 of the Lunacy Act, 1890	3	3	6
(c)	Under S.30 Magistrates' Courts Act, 1952.....	1	—	1
2. Summary Reception Orders made under Section 16 of the Lunacy Act, 1890:				
(a)	Following detention on an Order under Section 20 or 21 of the Lunacy Act, 1890.....	18	12	30
(b)	Admitted direct to a mental hospital on a Summary Reception Order	—	2	2
3. Notified as an alleged person of unsound mind suffering from mental illness and dealt with as follows:				
(a)	Voluntary Patients	12	16	28
(b)	Temporary Patients	—	—	—
(c)	Informal Admissions	12	22	34
(d)	No Order made	7	5	12
4. Other notified admissions during the year:—				
Persons normally resident within the County Borough of St. Helens, admitted to Mental Hospitals under the Lunacy and Mental Treatment Acts, 1890-1930		47	66	113
5. Patients transferred between Mental Hospitals under Section 64-67 of the Lunacy Act, 1890		1	—	1

MENTAL HEALTH ACT, 1959

The following is a summary of the work undertaken by the Mental Welfare Officers under the Mental Health Act, 1959, from 1/11/1960 to 31/12/1960:—

Admissions to Psychiatric Hospitals		<i>Male</i>	<i>Female</i>	<i>Total</i>
Section 5		2	10	12
Section 25		1	5	6
Section 26		2	2	4
Section 29		4	2	6

In addition, notification was received that a further patient had been directly admitted in accordance with Section 5 of the Mental Health Act, 1959.

In addition, a number of cases (not St. Helens residents) are dealt with by virtue of the fact that they have been overtaken by mental illness while in the County Borough of St. Helens. 7 of these cases were dealt with during the year (4 males and 3 females).

HOSPITAL RETURN FOR 1960.

The following summary gives the disposal of known St. Helens patients in Psychiatric Hospitals during the year:—

No. of Health Service Patients in Psychiatric Hospitals on 1/1/1960	Male	Female	Total
Admissions during the year	174	190	364
	123	162	285
	297	352	649
	M.	F.	Total
Deaths during the year	7	7	14
Discharges during the year	130	149	279
	137	156	293

No. of Health Service Patients in Psychiatric Hospitals on 31/12/1960	Male	Female	Total
	160	196	356

The number of patients in hospitals at the end of the year is at the rate of 3.29 per 1,000 of the population.

MENTAL SUBNORMALITY

Ascertainment. The total number of cases reported and referred as Mental Defectives from the 1st January, 1960 to 31st December, 1960 was 17. Particulars of these cases are shown in the following Tables.

Table M.H.1.
Cases Reported and Referred

	Under 16 years		16 years and over		Total
	M.	F.	M.	F.	
(a) Cases ascertained during 1960 as suffering from subnormality or severe subnormality. Action taken on reports from:—					
(i) Local Education Authorities on children—					
1. Whilst at school or liable to attend school	4	6	—	—	10
2. On leaving special schools	—	—	1	1	2
3. On leaving ordinary schools	—	—	—	—	—
(ii) Police or Courts	—	—	1	—	1
(iii) Other sources	—	—	1	1	2
(b) Cases reported but not regarded at 31st December as suffering from subnormality or severe subnormality.	—	—	—	2	2
(c) Cases reported but not confirmed as being subnormal by 31st December and thus excluded from (a) and (b)	—	—	—	—	—
Total number of cases reported in 1960	4	6	3	4	17

Table M.H.2.
Disposal of Cases

	Under 16 years		16 years and over		Total
	M.	F.	M.	F.	
(a) Those found suffering from subnormality:—					
(i) Placed under Informal Supervision (formerly Statutory or Voluntary)	4	6	—	1	11
(ii) Placed under Guardianship	—	—	—	—	—
(iii) Admitted to Hospitals	—	—	3	1	4
	4	6	3	2	15

Admissions to Hospitals.—During 1960 the total number of persons suffering from subnormality or severe subnormality admitted by Order to hospitals was 8 (6 males, 2 females). The admissions were as follows:

	Under 16 years		16 years and over		
	M.	F.	M.	F.	
A. INFORMAL					
1. Direct from Home					
(i) To Designated Hospitals	—	1	—	—	1
2. From Care Provided in Accordance with Circular 5/52					
(i) Whilst in N.H.S. Hospitals	—	—	1	—	1
(ii) Whilst in other accommodation	—	—	—	1	1
B. UNDER ORDER					
1. Mental Deficiency Act, 1913					
(i) Section 3 or 6	—	—	2	—	2
(ii) Section 8(i) (b) (Court)	—	—	1	—	1
2. Mental Health Act, 1959					
(i) Section 26	—	—	1*	—	1
(ii) Section 60 (Court)	—	—	1	—	1
	—	1	6	1	8

*This case was originally admitted to hospital on a Place of Safety Order under Section 15 (1) of the Mental Dficiency Act, 1913.

As at 31st December it will be noted from the following Table M.H.3. that 9 cases (6 males and 3 females) still awaited vacancies in hospitals. Particular difficulty was experienced in obtaining vacancies for male cases

The following Table shows the classification of persons in Hospitals at 31/12/1960:

	Male			Female			Total		
	Under observation or treatment	Hospital Orders or equivalent	Informal	Under observation or treatment	Hospital Orders or equivalent	Informal	M.	F.	T.
Under 16 years	2	—	5	3	—	3	7	6	13
16 years and over	26	15	26	26	4	19	67	49	116
Total	28	15	31	29	4	22	74	55	129

Total number of Reported and Referred Cases at 31st December, 1960.

The total number of reported and referred cases for whom the Local Health Authority of the County Borough was responsible at the 31st December was as follows:—

Table M.H.5.

	Under 16 years		16 years and over		Total
	M.	F.	M.	F.	
Under Supervision	23	61	22	52	158
Under Guardianship	—	—	2	1	3
	23	61	24	53	161

SUPERVISION

This work (formerly called Statutory and Voluntary Supervision) is carried out by the Mental Welfare Officers, but from the 1st November, 1960, both categories were amalgamated under the title of “Informal Supervision”.

These cases are visited regularly and reports of the visits submitted to the Medical Officer of Health. In this way, besides maintaining contact with the patient, it is possible for the Mental Welfare Officers to become aware of changes in family circumstances, etc. The visits occasionally bring to light domestic problems, and in some cases convalescent holidays have been arranged, hospital or general practitioner treatment obtained, and the help of various organisations sought for the mothers of patients or members of their families. In this connection, much work has been done in co-operation with the social services, probation services, the N.S.P.C.C., etc. Any special recommendations which have been made are noted and placed before the Health Committee.

The number of visits made to these cases during the year was 442.

Guardianship. At the beginning of 1960, four cases were under the guardianship of parents, relatives or friends, but one case was transferred during the year on removal from the area.

These cases are visited regularly and in each case a responsible Medical Officer has been appointed. As with Informal Supervision cases, any special recommendations are noted and placed before the Health Committee. During the year 19 visits were made by the Mental Welfare Officers.

After-Care. Cases which are discharged from hospitals are followed up so that assistance can be given in their general rehabilitation.

During the year 18 visits were made to 8 such cases.

Classification of Cases under Guardianship and Supervision. In Section A of the following Table, cases under Supervision and Guardianship have been classified as to their suitability for various types of training, whilst those actually receiving such training at the 31st December, 1960, are shown in Section B.

Table M.H.6.

						Under 16 years		16 years and over		Total
						M.	F.	M.	F.	
Section A.										
Considered suitable for :—										
(i) Occupation Centre						19	19	12	8	58
(ii) Industrial Centre						1	1	28	20	50
(iii) Home Training						1	1	7	11	20
						21	21	47	39	128
Section B.										
Number of cases receiving training on 31.12.1960										
(i) In Occupation Centre						16	12	15	12	55
(ii) In Industrial Centre						—	—	—	—	—
(iii) At home						—	—	—	—	—
						16	12	15	12	55

Cases removed from Lists during 1960.—Of the listed cases who were in hospitals or under community care (including Voluntary Supervision) or in “Places of Safety” on the 1st January, 1960, the following ceased to be under any of these forms of supervision as on 31st December, 1960:

	Male	Female	Total
Died, removed from area, or lost sight of	3	5	8
	3	5	8

Short-Term Care. In accordance with the provisions of Ministry of Health Circular 5/52, short-term care was arranged for a number of persons suffering from subnormality or severe subnormality while their families took their annual holiday or some member of the family was in hospital, etc.

	<i>Under 16 years</i>		<i>16 years and over</i>		<i>Total</i>
	M.	F.	M.	F.	
Admitted to National Health Service Hospitals	1	2	3	—	6
Admitted to Voluntary Homes, etc.	—	—	—	1	1
	1	2	3	1	7

During the year 345 interviews took place in the Mental Health Department in dealing with parents and relatives of mental defectives seeking advice and assistance.

Training Centre. The Training Centre is situated at “Stanley House”, Sinclair Street, St. Helens, and at the start of the year the staff consisted of a Supervisor, two Assistant Supervisors and 2 Guide/Helps. As outlined earlier in the Report, two trainees are attending the Diploma Course and two student trainees were appointed in mid-year.

The premises comprise a very large assembly hall (which is utilised as a gymnasium and occupational therapy room for the older pupils), two classrooms for the juniors and one dining-room.

Meals are provided through the School Meals Service of the Local Education Authority, the charges being in line with those operating in the schools throughout the Borough.

A free 'bus service is provided for the transport of the attenders to and from the Centre, and they travel under the supervision of members of the Training Centre Staff.

Pupils are graded according to mental age and ability, and the curriculum includes instruction in handwork, sewing and embroidery, rug-making, singing and dancing. It is felt that an Industrial Centre would greatly improve the facilities for the older type of pupil.

Special open days were held as part of the World Mental Health Year programme, when the pupils' work was exhibited and members of the public acquainted with the type of curriculum carried out. In addition, further displays were held at the Christmas parties provided by the St. Helens Mental Welfare Society, when each child received a gift from Father Christmas.

During the summer, pupils were taken on coach trips, funds for these being provided by the St. Helens Mental Welfare Society.

The Centre is open from Monday to Friday of each week, and conforms to the normal terms and holidays which apply to the Primary Schools in the Borough.

Below is an extract from the attendance register:—

	<i>Borough Pupils</i>		<i>County Pupils</i>		<i>Total</i>
	M.	F.	M.	F.	
Number of pupils on Register on 1.1.1960	23	23	1	—	47
New admissions during the year	9	3	—	—	12
Number who ceased to attend during the year	1	2	—	—	3
Number on register at 31.12. 1960	31	24	1	—	56
Average daily attendance during theyare	25	18	1	—	44

VII.—TUBERCULOSIS

Incidence. In 1960, 62 persons were notified as suffering from pulmonary tuberculosis, 6 less than in the previous year. 6 cases of non-pulmonary tuberculosis were also notified during the year.

The total number of new cases was 78. This figure includes 10 cases added to the Register from other sources, e.g. Death Returns, etc. The total number of new cases for the previous year was 68.

Mortality. 10 deaths in 1960 were due to tuberculosis, all being caused by the pulmonary form of the disease.

The death rate from tuberculosis was therefore 0.91 per 10,000 of the population.

Table T.B.2. shows the incidence and death rate figures from 1941.

Table T.B.1.
Particulars of new cases and of deaths during 1960.

Ages	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females	Males	Females	Males	Females
Under 1 year	—	—	—	—	—	—	—	—
1 —	1	2	1	—	—	—	—	—
5 —	2	2	1	—	—	—	—	—
15 —	4	6	—	—	1	2	—	—
25 —	6	13	—	1	3	—	—	—
45 —	19	4	1	—	—	—	—	—
65 —	5	4	1	1	—	1	—	—
75 —	4	2	—	—	2	1	—	—
Totals	41	33	4	2	6	4	—	—

Table T.B.2.
Number of cases notified and number of deaths each year, 1941 to 1960

Year	No. of Primary notifications received.		Deaths		Death Rate per 10,000 of population	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1941	81	33	46	23	4.5	2.2
1942	80	25	59	15	5.8	1.5
1943	107	24	64	12	6.4	1.2
1944	94	27	48	12	4.9	1.2
1945	81	25	58	13	5.8	1.3
1946	101	24	48	4	4.6	0.4
1947	111	10	68	9	6.4	0.9
1948	98	15	63	7	5.7	0.6
1949	96	16	58	7	5.2	0.6
1950	104	16	46	4	4.1	0.3
1951	87	17	33	8	3.0	0.7
1952	99	17	37	3	3.4	0.3
1953	104	20	27	4	2.5	0.4
1954	109	3	28	1	2.5	0.1
1955	71	7	24	4	2.1	0.4
1956	116	6	12	3	1.1	0.3
1957	85	20	15	2	1.4	0.2
1958	79	5	17	2	1.5	0.2
1959	68	9	10	3	0.9	0.3
1960	62	6	10	—	0.9	0.0

Tuberculosis Dispensary and Chest Clinic. The administration and clinical work of the tuberculosis service is carried out at Bank House, Claughton Street, under the supervision of the Area Chest Physician appointed by the Liverpool Regional Hospital Board. This officer is responsible to the Local Authority for work under that part of Section 28 of the National Health Service Act, 1946, which deals with the care and after-care of patients suffering from tuberculosis. The Welfare Officer, who is wholly employed by the Local Authority, occupies an office at the dispensary. Close liaison is therefore possible between the work of the Regional Board and that of the Local Authority.

During 1960 there were 4,230 attendances at the Dispensary, an increase of 69 compared with the previous year.

Particulars of St. Helens cases on the Dispensary Register are set out in Table T.B.3.

Table T.B.3.
Register of St. Helens cases of Tuberculosis during 1960.

	Pulmonary	Non-Pulmonary
1. No. of cases on Tuberculosis Register on 1/1/1960.....	953	134
2. No. of cases added to the Register during 1960—		
(i) Formal Notifications	61	6
(ii) New cases coming to knowledge of Medical Officer of Health from other sources—		
(a) From Local Death Returns	—	—
(b) From Registrar General's Death Returns (transferable deaths)	1	—
(c) Posthumous Notifications	—	—
(d) Transfers from other areas.....	9	—
(e) Other sources	—	—
3. No. of cases removed from Register during year—		
(a) Recovered	6	3
(b) Deaths—		
(i) Certified as due to Tuberculosis	7	—
(ii) Other Causes	13	—
(c) Transferred to other areas, lost sight of, or otherwise deleted from Register	51	14
4. No. of cases on Tuberculosis Register on 31/12/1960	947	123

Institutional Treatment. 85 patients from St. Helens were admitted to Eccleston Hall for treatment during the year 1960. There were 7 in-patient deaths of St. Helens cases during the twelve months.

VIII.—PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Four meetings of the Care and After-Care Sub-Committee were held during the year. The Sub-Committee consists of the following:—

5 Members of the Health Committee.

One representative from each of the following bodies:

The National Assistance Board

The Ministry of Labour and National Service.

The British Legion.

The Soldiers', Sailors' and Airmen's Families Association.

As in previous years the specialised knowledge of the co-opted members proved of great assistance in the work of the Committee. The work during the year was concerned with the welfare and assistance of both tuberculous and non-tuberculous patients.

Provision of milk as extra nourishment. The scheme for the provision of additional milk which was started in 1950 was continued during the year. Eligibility for issue in each case was approved by the Chest Physician. A remission of charges was made according to a scale approved by the local authority. 22 patients received milk during the year, of whom 13 were new cases and 9 old cases. Each case was supplied with a pint of milk daily for periods varying from 4 to 12 weeks.

Provision of Nursing Requisites. As approved by the Health Committee, various articles of nursing requisites are available, *e.g.* air rings, urinals, bed pans, rubber sheetings, bed rests, commodes, bed cradles, beds, mattresses, etc. These articles are issued on loan in accordance with charges approved by the Health Committee.

The number of patients using the Nursing Equipment Loan Service during the year was 352. The total fees collected during the year was £43 0s. 6d.

During the year many gifts were received for use in the After-Care Service, including beds complete with mattresses, settees and chairs.

Nursing equipment was supplied on loan to 2 cases of paraplegia being nursed at home following discharge from Orthopaedic Hospitals.

A bed and dunlopillo mattress was supplied on loan to a patient of 65 years suffering from chronic arthritis.

Home Shelters. Home shelters are available for loan to tuberculous patients. Lighting and heating installation is provided by the Local Authority but the cost of current consumed is borne by the patient.

COLONIZATION—Provision is made for the maintenance and training of selected cases in tuberculosis colonies.

CONVALESCENT TREATMENT

(a) Tuberculous Patients

Several applications were made on behalf of tuberculous patients (non-infectious) for convalescent treatment.

Three such patients were admitted to the Lear Home of Recovery, Hoylake, for periods of two weeks each. Expenses were paid from the Home Patients' Voluntary Welfare Fund.

(b) Non-Tuberculous Patients

Application was made on behalf of 4 non-tuberculous patients to the St. Helens and District Nursing Association for convalescent treatment and they were each admitted for 2 weeks to the Lear Home of Recovery, Hoylake.

Two non-tuberculous female patients were admitted to Rufford Convalescent Home.

Application for convalescent treatment was made on behalf of two male patients to the British Legion. One was admitted for two weeks to the Byng House Convalescent Home, Southport, the other to the British Legion Home, Sevenoaks. Travelling expenses and pocket money were given in each case.

One non-tuberculous male patient was admitted to the Boar Bank Hall Convalescent Home, Grange-over-Sands, for two weeks. Expenses were paid from the Home Patients' Voluntary Welfare Fund.

Five children, referred by the School Medical Officer, were admitted to the Ormskirk Children's Hospital, for periods varying from four weeks to three months.

Application for convalescent treatment was made to the Education Authority on behalf of a school child referred by the Chest Physician. She was admitted to West Kirby Children's Convalescent Home for a period of four weeks.

Occupational Therapy. Under Section 28 of the National Health Service Act, the Local Authority operate a scheme for domiciliary occupational therapy for tuberculous patients.

In the absence of a qualified Handicrafts Instructor the work is undertaken by the Welfare Officer and there has been considerable expansion of this Service. Informal handicraft classes are held at the Chest Clinic and home training has also been undertaken. The schedule of handicrafts includes leather work, rugmaking, embroidery, knitting, woodwork, basketry and the making of lampshades, soft toys and artificial jewellery, etc. Samples of completed work are on view throughout the year at the Chest Clinic.

Raw materials are purchased and issued to patients who are allowed to repay the cost by instalments. Pensioner patients are already provided with raw materials by the War Pensioners' Welfare Services or Regimental Funds and the local scheme ensures that non-pensioners may be similarly helped. Small hand-weaving looms and leather work tools, etc. have been provided on free loan.

During the year many patients have used this service and various articles have been purchased to the value of £683 5s. 9d.

Initial free issues (varying from 5/- to £2 0s. 0d.) totalling £9 1s. 6d. have been made to 18 patients.

Without doubt the provision of this scheme has been much appreciated by the patients and has helped very considerably in their recovery and ultimate resettlement in employment.

Welfare. During the year the Welfare Officer advised and assisted patients and their relatives attending the Chest Clinic and regular visits were paid to Ecclestone Hall Hospital in order to help in-patients with personal problems. Home visits were made to both tuberculous and non-tuberculous patients.

The following is a summary of the visits paid by the Welfare Officer:

Visits to tuberculous patients	.....	.....	.....	.....	123
Visits to non-tuberculous patients	.....	.....	.....	.....	99
Visits to Ecclestone Hall Hospital	.....	.....	.....	.....	35
Total					<hr/> 257 <hr/>

There were 493 office interviews.

Close contact was maintained as in previous years with other statutory bodies and voluntary organisations. Some examples of this work are given below.

Statutory Bodies

During the year, 17 families (in which one or more members were suffering from tuberculosis) were included on the tuberculous patients housing list as being in need of re-housing. This figure includes some families who were already on the Corporation's list for re-housing.

The Housing Committee again agreed to the allocation of 24 houses per annum for the priority housing of cases suffering from tuberculosis. Details of the position in 1960 are given below:—

Tuberculous patients on the housing list of the Local Authority,										
1/1/60	.....	.....	.....	.....	.....	.....	.....	.....	.....	10
New cases added to list	.....	.....	.....	.....	.....	.....	.....	.....	.....	7
Allocations of Council houses	.....	.....	.....	.....	.....	.....	.....	.....	.....	10
Number of patients finding their own accommodation	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Total on Tuberculosis Housing List—31/12/60	.....	.....	.....	.....	.....	.....	.....	.....	.....	5

It is very satisfactory to note that with the co-operation of the Council's Housing Committee, it has been possible over a number of years to make regular and substantial allocation of council houses to tuberculous patients in need of improved housing. At the 31st December, 1960, only five tuberculous families were awaiting the allocation of council houses. It must be emphasised that the change of environment and improved housing facilities provided under this scheme does much for the improvement of both the physical and mental health of tuberculous cases.

Applications were made to the Housing Department on behalf of two tuberculous patients for exchange of Council houses and in each case exchanges were made to more suitable accommodation.

Ministry of Labour. As in previous years the co-operation between the Chest Clinic staff and the Disablement Rehabilitation Officers (male and female) proved very successful.

16 male and 4 female patients were added to the Disablement Register during the year.

10 male and 2 female tuberculous patients were placed in employment during the year. Periodic meetings have been held between the Disablement Resettlement Officers, Chest Physician and Welfare Officer for the purpose of discussing types of work suitable for tuberculous patients fit for employment.

Training Courses for Patients. Arrangements are made through the Ministry of Labour and National Service for the industrial rehabilitation and vocational training of selected cases of tuberculosis. Rehabilitation courses are of approximately 10 week periods whilst Government training is from 6 to 12 months. The most popular subjects are motor repairing, joinery, cabinet making, shorthand and typewriting. The patients are eventually placed in employment with local firms.

National Assistance Board. Patients suffering a loss of income in order to undergo treatment for pulmonary tuberculosis and thus becoming eligible for the higher rate of allowance, were referred to the Board as a matter of routine. 24 such cases were referred during the year.

In addition "Exceptional Needs Grants" were made to tuberculous cases as follows:

Extra Nourishment Grants	.....	.....	.....	.....	8 patients
Clothing Grants	.....	.....	.....	.....	1 patient

Non-tuberculous patients were assisted as follows:

Supplementary Allowances	.....	.....	.....	.....	17 patients
Extra Nourishment	.....	.....	.....	.....	5 patients
Spectacles Grant	.....	.....	.....	.....	2 patients
Home Help Fees	.....	.....	.....	.....	2 patients

Throughout the year the National Assistance Board Officers gave all possible help to tuberculous and non-tuberculous patients, and co-operated closely with the Welfare Officer.

Ministry of Pensions and National Insurance. Close liaison was maintained with the officers of this Ministry in order to ensure that all possible facilities were available through these agencies to tuberculous and non-tuberculous patients.

Ministry of Health.—Applications were made to the Ministry of Health on behalf of 4 spastic children for provision of invalid wheel chairs, which were supplied.

Several applications were made also for provision of adult wheel chairs, both indoor and outdoor type, to arthritic patients.

In all these cases suitable chairs were provided.

Home Help Service. During the year 2 cases of tuberculosis were referred to the Home Help Service.

Local Education Department—Clothing Grants.—Several cases of children of both tuberculous and non-tuberculous patients were referred for clothing and footwear grants and in each case the maximum allowance was given.

VOLUNTARY ORGANISATIONS

British Red Cross Society—Emergency Help Service.—The Emergency Help Service helped many pensioner patients with bedding, clothing and occupational therapy materials.

Other Voluntary Agencies

Help with bedding, clothing, grants, etc., was given by the following organisations:—

British Legion, Forces' Help Society, Royal Air Force Association, Royal Naval Benevolent Trust, S.S.A.F.A.

Special mention should be made of the kindness and willingness to help of all the local Branch Secretaries of these organisations.

Application was made on behalf of a tuberculous hospital patient to the Merseyside Hospitals Council for the in-patient grant.

Several patients were referred to the St. Helens Council of Social Service for advice.

Cancer Relief Fund. Application for assistance was made on behalf of a male patient to the Secretary of the Cancer Relief Fund. A grant of £5 was given towards cost of bedding and a life grant of 15/- per week was made.

Chiropody Service. Several cases were referred to the Council of Social Service for chiropody treatment.

Meals on Wheels. Several cases were referred to the W.V.S. for provision of meals on wheels.

One application was made to Pilkington Bros. Ltd. for provision of daily meals to an ex-employee of theirs who was suffering from disseminated sclerosis. Daily meals were provided at a cost of 1/- per day.

VOLUNTARY FUND

During the year, several members of the Care and After-Care Committee and other Welfare Workers assisted the Welfare Officer and the Tuberculosis Health Visitor in maintaining a voluntary fund. This fund (The Home Patients' Voluntary Welfare Fund) is placed at the disposal of the Care and After-Care Sub-Committee to assist patients in ways outside the scope of the Local Authority in its statutory capacity. The Fund derives its income from voluntarily organised whist drives, dances and from donations, etc. Invalid foods have been purchased at regular intervals and 51 food parcels have been distributed to necessitous non-pensioner patients and their dependants. At Christmas, 52 parcels of groceries were distributed, 19 to tuberculous families, 18 to non-tuberculous families, and 15 to pensioners. In addition, Christmas presents were purchased and distributed to 24 children whose fathers were unable to work because of illness.

One female patient in need of a holiday was sent for two weeks to the Lear Home of Recovery, Hoylake, fees, travelling expenses and pocket money allowance being paid from the Fund.

In three other cases of patients going convalescent, travelling expenses and pocket money allowances were given from the Fund.

These gifts undoubtedly were much appreciated.

B.C.G. VACCINATION

B.C.G. Vaccination (contact scheme). During 1960, 122 cases received B.C.G. vaccination at the Chest Clinic in St. Helens.

The scheme for the vaccination of school children of 13 years and over against tuberculosis continued to work smoothly during 1960. The popularity of this form of vaccination shows a gradual increase each year, and the number of children dealt with under the scheme in 1960 was the largest to date.

Some 1,491 pupils in the age groups concerned were given the Heaf multiple puncture tuberculin test. Of these, 59 pupils defaulted at their second visit, and 385 were found to have positive reactions. The remaining 1,047 negative reactors were vaccinated with B.C.G. The vaccine used was British Freeze Dried Vaccine. There were no untoward reactions, apart from a few rather severe "takes", and these quickly responded to treatment. The conversion rate following vaccination with this type of vaccine is not quite as high as that following vaccination with the Danish Fluid Vaccine. However, it is still over 95%, and this must be considered satisfactory. In addition, from the point of view of mass vaccination programmes, the Freeze Dried Vaccine stability makes it more practical and convenient to use.

The 59 defaulters mentioned above were followed up and will be dealt with in the new year. Of the children found to have positive skin reactions, those with a reaction of plus three or over, were invited to the School Inspection Clinic, where their cases were investigated clinically and, if necessary, they were referred for chest X-Ray. Following these investigations, no active cases of tuberculosis were found, but in nearly all of the strongly positive reactors it was found possible to trace the source of infection to a member of the family or friend who was known to have had tuberculosis. The above 385 positive reactors gives a tuberculin positive rate for these age groups, i.e. school children over 13 years of age of 25.7% for the year 1960. The corresponding positive rate for 1959 was 26.4% and for 1958 24.2%. Although these figures in comparison with national statistics do not call for any unusual comment, they do indicate that there is still a considerable residual human tuberculous infection in the community and would seem to underline the continuous need for this form of vaccination.

CHIROPODY SERVICE

During 1960 the arrangements for the provision of a Chiropody Service for persons aged 65 years and over in the community were continued as outlined in the 1959 Report. The St. Helens Council of Social Service continued to administer their scheme on behalf of the Local Health Authority, who reimbursed them fully for any financial outlay. A contribution of 3s. 0d. towards the cost of each treatment by the patients was still maintained. Up to the end of the year the scheme embraced surgery treatments only, but during the year the Minister gave his approval for the scheme which would gradually include the provision of domiciliary treatment and would enable the service to be extended to expectant mothers and physically handicapped persons in the community.

Appreciation is expressed to the St. Helens Council of Social Service who dealt so ably during the year with the following cases who received treat-

ment. The number of treatments given from the 1st January 1960 to the 31st December 1960 was as follows:

January.....	.....	.....	.....	.....	391
February	.....	.....	.....	.....	401
March	.....	.....	.....	.....	481
April	.....	.....	.....	.....	436
May	.....	.....	.....	.....	545
June	.....	.....	.....	.....	475
July	.....	.....	.....	.....	358
August	.....	.....	.....	.....	603
September	.....	.....	.....	.....	480
October	.....	.....	.....	.....	499
November	.....	.....	.....	.....	544
December	.....	.....	.....	.....	487
					<hr/>
					5,700
					<hr/>

Included in the above figures are 61 domiciliary treatments.

IX—VENEREAL DISEASES

The Special Treatment Centre is administered by the Liverpool Regional Hospital Board, but male and female nurses at the Centre continued to be provided by the Corporation under agency arrangements.

The following statement shows the number of cases dealt with at the Centre during the year 1960, in comparison with the previous year. This includes cases from outside the Borough who may receive treatment at the St. Helens Centre.

Table V.D.1

	1959		1960	
	M	F	M	F
1. No. of cases under treatment or observation on 1st January	22	29	19	6
2. No. of new cases (including cases previously removed from the register who returned for further observation or treatment) and Transfers	105	13	100	37
3. No. of cases discharged after completion of treatment or transferred to other centres or ceased to attend	94	13	81	31
4. No. of cases remaining under treatment or observation on 31st December	33	29	19	6
5. No. of attendances :—				
(a) For consultation or treatment by Medical Officers	506	283	774	330
(b) For intermediate treatments	141	19	210	24

Table V.D.2 shows the number of cases of definite venereal disease treated for the first time at the Centre during each of the past ten years. This table excludes cases which had received treatment previously at other Centres, and also cases removed from the register in previous years who returned for treatment or observation for the same infection.

Table V.D.2

Number of new cases of Venereal Diseases dealt with during 10 years, 1951 to 1960:

Year	Syphilis		Soft Chancre		Gonorrhoea		Total
	M	F	M	F	M	F	
1951	3	4	—	—	13	2	22
1952	2	4	2	—	16	9	33
1953	4	7	1	—	20	9	41
1954	3	2	—	—	10	2	17
1955	3	4	1	—	16	2	26
1956	2	2	—	—	14	9	27
1957	4	5	1	—	18	8	36
1958	2	6	—	—	14	7	29
1959	2	—	—	—	20	5	27
1960	—	—	—	—	20	7	27

The following table V.D.3 gives a summary of the services rendered at the treatment centre during the year, the classification showing the areas in which the patients resided.

Table V.D.3.

<i>Name of County, County Borough, etc.</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>	<i>Total</i>
St. Helens.....	—	15	68	83
Lancashire C. C.	—	8	35	43
Liverpool	—	2	3	5
Manchester	—	1	2	3
Southport	—	1	1	2
Warrington	—	—	1	1
Total	—	27	110	137

Contact Tracing

During the year the welfare arrangements in connection with the Special Treatment Clinic were carried on as in previous years. The attendant of the male clinic was responsible for the tracing of contacts and for the follow-up of defaulters. In the case of the female clinic, this work was carried out by the department's Welfare Officer of the Care and After-Care Service.

X—MATERNITY AND CHILD WELFARE

Care of Mothers and Young Children

NOTIFICATION OF BIRTHS.—Under Section 203 of the Public Health Act, 1936, 1,818 live births and 71 still-births were notified during 1960. In respect of these, 1,889 notifications were received from midwives. The corresponding figures for 1959 were 1,887 live births and 71 still-births, 1,957 notified by midwives and 1 by a doctor.

The total number of live births registered as belonging to St. Helens was 1,915, giving a birth rate of 17.5 per 1,000 of the population for the year 1960. The corresponding rates over the past 5 years were respectively 16.0 in 1955, 16.8 in 1956, 17.2 in 1957, 16.9 in 1958 and 17.1 in 1959.

INFANTILE MORTALITY.—During 1960 the deaths occurred of 75 infants under the age of one year, giving an Infantile Mortality Rate for that year of 39.2 per 1,000 live births. The corresponding rates during the preceding five years were 32.9 in 1955, 27.4 in 1956, 31.0 in 1957, 35.8 in 1958 and 24.3 in 1959. The average for the five years 1956-1960 was 30.5. The Infantile Mortality Rate for England and Wales for 1960 was 21.9 per 1,000 births.

Table M.C.W.1 below shows the ages at death and causes of death in these infants. It will be noted that 45 of the infants died before the age of one month (the neo-natal period), 12 died between 1 and 3 months, 9 died between 3 and 6 months, 6 died between 6 and 9 months, and 3 died between 9 and 12 months.

By far the greater number of deaths, therefore, occurred within the first three months. The following tables present a statistical review of the deaths with remarks on the apparent causal factors.

Table M.C.W.1

Ages at which death occurred	Causes of Death						Total
	Congenital	Prematurity	Pneumonia	Infection	Accidents	Other Causes	
Birth to 24 hours	2	14	—	—	—	3	19
1 day to 7 days	7	10	—	—	—	3	20
8 days to 1 month	—	1	1	1	—	3	6
1 month to 3 months	5	—	3	1	1	2	12
3 months to 6 months	1	—	6	1	—	1	9
6 months to 9 months	—	—	5	1	—	—	6
9 months to 12 months	3	—	—	—	—	—	3
ALL AGES	18	25	15	4	1	12	75

There was a disappointing rise in the Infant Mortality Rate to 39.2 compared with 24.3 in 1959, which was the lowest Infant Mortality Rate recorded for St. Helens. Such large variation was obviously due to some unusual factor and it was indeed the marked increase in the number of deaths due to pneumonia which caused this. There were twelve more deaths from this disease in infants during the year than in 1959, and this was due to an epidemic of virus pneumonia which took its toll markedly from the youngest age-group in the population. The deaths occurred in February, March and April of the year.

Deaths from prematurity once again were high and this baffling maintained incidence still gives rise for much anxiety. One answer must be improved provision in hospitals in the area for the treatment of these infants, and there is no doubt that this problem should receive very urgent attention from the Liverpool Regional Hospital Board. In addition to the categories mentioned of pneumonia and prematurity, there was also a slight increase in the number of deaths due to congenital abnormality and the total of these adverse factors undoubtedly produced a high rate during the year under review.

The following Table M.C.W.2 shows the time of the year at which the various deaths occurred.

Table M.C.W.2.

Month when death occurred of children under one year.

Month during 1960 when death occurred	Causes of Death						Total
	Congenital	Prematurity	Pneumonia	Infection	Accidents	Other Causes	
January	1	1	1	—	—	2	5
February.....	1	2	2	—	1	1	7
March	2	2	4	2	—	2	12
April	—	4	2	2	—	1	9
May.....	1	6	—	—	—	1	8
June.....	1	3	—	—	—	1	5
July	2	3	1	—	—	1	7
August	3	—	2	—	—	1	6
September	—	1	1	—	—	—	2
October	1	—	—	—	—	—	1
November	4	2	1	—	—	1	8
December	2	1	1	—	—	1	5
TOTAL	18	25	15	4	1	12	75

The 4 deaths due to Infection (other than Pneumonia) were caused by Gastro-Enteritis 2, Acute Respiratory Infection 2.

The 12 deaths due to other causes were as follows:—Intra-Cranial Haemorrhage 3, Atelectasis 4, Marasmus 1, Erythroblastosis Foetalis 1, Meconium Ileus 1, Pulmonary Hyaline Membrane 1, and Hirschsprung's Disease 1.

The 31 deaths of premature infants were specially investigated. Table M.C.W.3 shows the birth weights of these infants, the periods of pregnancy at which these premature births occurred and the causes of the prematurity. (An infant of 5½lb. or less at birth is classed as a premature birth for the purpose of the following table).

Table M.C.W. 3

Analysis of Deaths of Premature Infants

(a) Weights at Birth of Premature Infants

Less than 2 lb. 3 oz.	6
2 lb. 3 oz. to 3 lb. 4 oz.	10
3 lb. 4 oz. to 4 lb. 6 oz.	10
4 lb. 6 oz. to 4 lb. 15 oz.	3
4 lb. 15 oz. to 5 lb. 8 oz.	2
Total	31

(b) Periods of pregnancy at which premature births occurred (i.e. 5½ lb. or less at birth)

Period of pregnancy:

24 weeks	1
26 weeks	1
28 weeks	8
30 weeks	6
32 weeks	4
33 weeks	1
34 weeks	1
35 weeks	1
36 weeks	4
38 weeks	4
Total	31

(c) Causes of Prematurity

Toxaemia of Pregnancy	13
Ante-Partum Haemorrhage	6
Twin Pregnancy	4
Rhesus Negative	1
No apparent cause	7
	31

(31 premature infants died during the year, 25 deaths being due to prematurity, 4 due to congenital defect and 2 due to pneumonia).

The following table M.C.W. 4 shows the position regarding ante-natal care of mothers, and also shows whether the mothers were employed during pregnancy.

Table M.C.W.4.

Source of ante-natal care	Mothers working during pregnancy	Mothers not working during pregnancy
Midwife	—	2
Doctor	7	20
Clinic	7	12
Hospital	10	15
No Ante-Natal Care	1	1
TOTAL	25	50

STILL-BIRTHS.—The number of still-births registered as belonging to the Borough was 73. All still-births were investigated, and the causes of intra-uterine deaths were attributable to the following conditions:

Prematurity	19
Toxaemia of Pregnancy	7
Rh. Negative	4
Hydrocephaly	7
Anencephaly	11
Multiple Abnormalities	2
Breech Delivery	6
Ante-partum Haemorrhage	7
Post-Maturity	1
Prolapsed Cord	3
Ruptured Cord	1
Impacted Shoulders	2
Prolonged Labour	1
Cause not known	2
	—
	73
	—

MATERNAL DEATHS.—During 1960 1 death was recorded by the Registrar General as resulting from childbirth or accidents of pregnancy, giving a maternal mortality rate of 0.50 per 1,000 live and still-births. (The maternal mortality rate for the previous year was 1.02.)

INFECTIOUS DISEASES IN MOTHERS AND CHILDREN

Puerperal Pyrexia.—3 cases of Puerperal Pyrexia were notified during the year, 2 cases occurring on the district and one in hospital.

Pemphigus.—No case was reported during the year.

Ophthalmia Neonatorum.—One case was reported during the year.

Other Infectious Diseases.—The following Table, M.C.W.5., shows the number of cases of notifiable infectious diseases which occurred in children under 5 years of age, and the deaths resulting therefrom.

Table M.C.W.5.

	Under 1 year		1—5 years	
	Cases	Deaths	Cases	Deaths
Scarlet Fever	—	—	56	—
Diphtheria	—	—	—	—
Measles	32	—	212	1
Whooping Cough	36	—	108	—
Ophthalmia Neonatorum	1	—	—	—
Meningococcal Infections	2	—	1	—

CLINIC SERVICES

Child Welfare Clinics.—Clinics for children under 5 years of age are held on 9 sessions weekly at 8 centres.

Table M.C.W.6. shows attendances at the various Maternity and Child Welfare Clinics.

During the year routine tests at Infant Welfare Clinics were introduced for the detection of phenylketonuria.

Immunisation against diphtheria is carried out at the Child Welfare Clinics as well as at the special sessions held at the School Clinic in Claughton Street, and at the outlying district clinics.

Ante-natal Clinics.—At the end of the year, ante-natal clinics were being held 9 times weekly at 8 centres.

Table M.C.W.6.

Attendances at Maternity and Child Welfare Clinics during 1960

Child Welfare Clinics.	
No. of children who attended for the first time during the year and who, on the date of their first attendance, were under 1 year of age	1544
Number who attended and who were born in :—	
(i) 1960.....	1285
(ii) 1959.....	948
(iii) 1955-1958	556
No. of attendances by children :—	
(i) under 1 year of age	14313
(ii) between the ages of 1 and 5 years	1936
Ante-natal Clinics.	
Medical Officer's Sessions including Specialist Ante-Natal Clinics:—	
No. of expectant mothers who attended	1759
No. of attendances by expectant mothers	8724
Midwives' Sessions (no medical officer being present):—	
No of expectant mothers who attended	75
No. of attendances by expectant mothers	267
Post-Natal Examinations at Ante-Natal Clinics:—	
No. of mothers who attended	151
No. of attendances	165
Gynaecological and Post-natal Clinic.	
No. of mothers who attended	246
No. of attendances	273

During the year the scheme for poliomyelitis vaccination of expectant mothers attending ante-natal clinics was continued. A total of 357 mothers were immunised.

Expectant mothers have routine blood tests carried out at these clinics. The tests are for blood grouping, Rhesus factor and Kahn reaction. During the year, 430 specimens were sent for examination. Of these, 256 were Rhesus positive, 165 were Rhesus negative, 9 Genotype reaction and 1 had a positive Kahn reaction.

Routine blood counts and haemoglobin estimations are also carried out at all clinics.

Following customary routine, the one patient with a positive Kahn reaction was subjected to a confirmatory Wasserman reaction. It was found that the Wasserman result was negative.

Of the 165 patients who were Rhesus Negative in type, only 16 had Rhesus Antibodies present. The importance of this test lies in the fact that the doctor in charge of the confinement is forewarned that the baby may need an exchange transfusion immediately after birth. Rhesus Negative blood may be obtained from the Regional Blood Transfusion Centre before the confinement in readiness for either the mother or the baby. Of these 16 patients, 6 babies needed to have an exchange transfusion. In 5 cases, this transfusion was successful, but in 1 case the baby died.

In addition to the ante-natal clinics a Specialist Clinic, staffed by two specialist obstetricians attached to the Cowley Hill Maternity Hospital, is held fortnightly. Patients are referred for Consultant advice by Medical Officers of the Local Authority staffing the ordinary ante-natal clinics, and the work done has proved to be of great value. During 1960, 72 patients were referred to the Centre for Consultant opinion.

The Midwife's ante-natal session at Jersey Street Centre was continued during the year. In 1960, 75 patients made 267 attendances, and it is anticipated that these patients will increase in number.

GYNAECOLOGICAL AND POST-NATAL CLINIC.—This clinic is held once a week at the Hardshaw Street Centre and serves the double purpose of investigation of gynaecological conditions associated with pregnancy and as a clinic for post-natal supervision. During 1960, 228 patients visited this clinic for post-natal examinations. Post-natal supervision is, however, also carried out at the Infant Welfare and Ante-Natal Clinics held in the outlying districts. The total number of women who received special post-natal supervision was 397.

The number of gynaecological patients attending this clinic was 18 (38 attendances).

Patients who needed operative treatment were referred to the out-patient departments of the local hospitals.

At this clinic patients may also receive advice on birth control methods when such is desirable for medical reasons. The following statement indicates the number of patients to whom such advice was given, and the reasons:

Severe debility caused by frequent pregnancies	.....	.....	8
Cardiac Disease	.....	.....	1
Renal Disease	.....	.....	4
Mental Instability	.....	.....	11
			—
			24
			—

SUNLIGHT CLINIC.—During the year the Hanovia Sunlight Lamp needed extensive repairs so that the Clinic was not available for treatment for most of the year. The lamp has now been repaired and the sessions have been resumed.

DISTRIBUTION OF WELFARE FOODS

(a) National Welfare Foods Scheme.

The scheme for the distribution of national welfare foods was continued without alteration during 1960.

During the year it was found necessary to vacate the Welfare Foods Premises in Milk Street, as these were taken over in the expansion of the New Technical College. A new site was found in a house in Bickerstaffe Street which was adapted to act as a Centre for the issue of Welfare Foods. It is very interesting to note that this Centre is within a few yards of the original Milk Distribution Centre which was opened in St. Helens in August, 1899, and which was the first Centre of this kind to operate in the country.

The following tables give particulars of the work carried out during the year in the distribution of welfare foods.

Table M.C.W.7.

Receipts and issues of welfare foods for the period 27th December 1959 to 31st December 1960.

	National Dried Milk	Orange Juice	Cod Liver Oil	Vitamin Tablets
1. Stocks received from Ministry of Food				
(a) In Hand on 27/12/59	2668	4129	926	629
(b) Received during the period	26514	53568	6444	5760
Total	29182	57697	7370	6389
2. Disposal of Stocks:				
(a) Issued against coupons—				
(i) paid for by postage stamps	32	210	—	—
(ii) paid for by cash	23653	53223	—	—
(iii) free	1442	62	6622	5809
(b) Issued at full fee	1764	—	—	—
Issues to public	26891	53495	6622	5809
(c) Other Issues	678	108	—	—
Total Issues	27569	53603	6622	5809
3. Returned to Ministry of Food, Damaged, etc.	217	165	6	2
4. Stocks in Hand 31/12/60	1396	3929	742	578

The issues of welfare foods from the various distribution centres during the period 27th December 1959 to 31st December 1960, are shown in Table M.C.W.8. Receipts during this period amounted to £4,229 4s. 9d., made up of £8 2s. 2d. in postage stamps and £4,221 2s. 7d. in cash.

TABLE M.C.W.8.**Issues of Welfare Foods to the public from the various Distribution Centres 1960**

<i>Distribution Centre</i>	<i>National Dried Milk</i>	<i>Orange Juice</i>	<i>Cod Liver Oil</i>	<i>Vitamin Tablets</i>
Welfare Foods Centre	20494	30768	4079	3739
Albion Street Clinic	1629	4083	512	389
Blackbrook Clinic	710	1889	212	135
Elizabeth Street Clinic	1517	3719	412	355
Hardshaw Street Clinic	162	2608	216	404
Carr Mill Clinic	282	2378	239	148
Jersey Street Clinic	457	1510	146	137
Lacey Street Clinic	1015	3775	504	262
Nunn Street Clinic	625	2765	302	240
GRAND TOTAL	26891	53495	6622	5809

(b) **Other Welfare Foods.** The issue of proprietary brands of dried milk through the Council's scheme for mothers and infants was limited to special cases for whom the National Dried Milk was not altogether satisfactory. During 1960, approximately 14,431 lbs. of dried milk were distributed through the Council's Scheme.

DENTAL TREATMENT**Table M.C.W.9.****(a) Numbers provided with Dental Care.**

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and Nursing Mothers	214	208	162	119
Children under five	144	137	127	127

(b) Forms of Dental Treatment Provided:

	Scalings & Gum Treat- ment	Fillings	Silver Nitrate Treat- ment	Crowns or Inlays	Extrac- tions	General Anaes- thetics	Upper or Lower Dentures Provided		Radio- graphs
							Full	Partial	
Expectant and Nursing Mothers	21	25	—	—	665	110	61	74	3
Children under 5	—	—	—	—	186	123	—	—	—

MINOR AILMENTS.—During 1960, 2 children were referred to and received treatment at one or other of the Council's Minor Ailments Clinics.

CRIPPLED CHILDREN.—Crippling defects in children under 5 years of age are dealt with under the Council's Orthopaedic Scheme, which provides periodic supervision by the Consultant Orthopaedic Surgeon and the Physiotherapist.

During 1960, 117 infant welfare cases were dealt with at the Orthopaedic Clinic.

DAY NURSERY.—From the 1st January to the 20th November, 1960, this Nursery was open from 6.30 a.m. to 7.0 p.m., and from the 21st November, from 6.30 a.m. to 6.30 p.m., Monday to Friday, as it was found to be unnecessary to keep it open until 7.0 p.m. Accommodation is limited to children whose mothers are working and vacancies are allocated in the first place to essential priority groups consisting of unmarried mothers, widows compelled to go to work, wives of chronically sick husbands, and wives separated from husbands or divorced. Any vacancies remaining, following placings from the essential priority list, are then allocated to wives under hardship owing to temporary illness of the wage earner, women in nursing or domestic employment in local hospitals and women in certain essential services such as public transport.

Throughout the year, the health of the children was good. There were sporadic cases of Mumps during the winter period January to March, but no serious outbreaks of infectious diseases occurred.

The following scale of charges was operated during the year.

5/- per child per day, where both parents working.
2/6 per child per day for single mothers.
3/6 per child per day in all other cases.

Particulars of attendances &c. at the Hall Street Day Nursery during 1960 are shown below:—

No. of approved places at Day Nursery		No. of children on the register at the end of the year		Average daily attendance during the year	
0-2 years	2-5 years	0-2 years	2-5 years	0-2 years	2-5 years
14	16	8	26	8.2	17.8

THE CARE OF PREMATURE INFANTS.—Since 1944 special efforts have been directed towards preserving life in premature and/or immature infants. The birth weight is stated on every notification of birth form, and in those cases born at home where the birth weight was 5 lbs. 8 ozs. or less

a special visit was immediately made by the Supervisor of Midwives, and, if necessary, arrangements made for admission to hospital. For infants remaining at home, special basket cots fitted with special lining, mattress and bedding, a Belcroy feeding bottle and hot water bottles are available, and have proved of value.

During 1960, 58 premature and/or immature babies were born at home and a further 133 were born in hospital. Particulars of these cases are given in Table M.C.W.10.

When these infants are discharged from hospital, or when the midwife has ceased to attend to those born at home, the Health Visitor concerned is immediately notified and pays special follow-up visits.

THE CARE OF ILLEGITIMATE CHILDREN.—As in previous years, special consideration was given to the care of the unmarried mother and her child, and arrangements were made for admission of cases to St. Monica's Home, Liverpool, and to other Homes as required. All cases of unmarried expectant mothers coming to the knowledge of the Department through Health Visitors, Municipal Midwives, Moral Welfare Workers and other agencies, are notified to the Medical Officer in charge of Maternity and Child Welfare Services, who, after investigation, decides which cases can be dealt with at home or through local hospitals, and which cases can most suitably be dealt with by periods of residence in suitable Homes. The mother is admitted to the Home about two months before the expected confinement and remains there after confinement until suitable arrangements can be made for the after-care of herself and the child. During 1960, 34 unmarried mothers were assisted under these arrangements.

In the majority of cases it was found that the parents were willing to keep the girl at home during the pregnancy if some arrangements could be made for the confinement.

The following list gives the places of confinement:—

Cowley Hill Maternity Hospital	.....	.....	.....	.....	.....	.....	.....	8
Whiston Hospital, Prescot	.....	.....	.....	.....	.....	.....	.....	11
Parents' homes	.....	.....	.....	.....	.....	.....	.....	7
Diocesan or other Voluntary Homes	.....	.....	.....	.....	.....	.....	.....	5
Other Hospitals	.....	.....	.....	.....	.....	.....	.....	1
Awaiting Confinement	.....	.....	.....	.....	.....	.....	.....	2
Total								34

Mothers entering Homes are assisted by the Corporation in the payment of their fees. All the unmarried mothers were helped to take out Affiliation Orders.

Every effort was made in all cases to enable the mother to keep the child with her in the parental home, and in many cases these efforts were successful.

Table M.C.W.10.

PREMATURE AND/OR IMMATURE BABIES, 1960.

WEIGHT AT BIRTH	Born in Hospital			Born at Home and Nursed entirely at Home			Born at Home and transferred to Hospital on or before 28th day			Born in Nursing Home and Nursed entirely there			Born in Nursing Home and Transferred to Hospital on or before 28th day		
	Total	Died within 24 hrs of birth	Survived 28 days	Total	Died within 24 hrs of birth	Survived 28 days	Total	Died within 24 hrs of birth	Survived 28 days	Total	Died within 24 hrs of birth	Survived 28 days	Total	Died within 24 hrs of birth	Survived 28 days
3 lb. 4 oz. or less.....	16	11	3	2	—	2	4	1	2	—	—	—	—	—	—
Over 3 lb. 4 oz. up to and including 4lb. 6 oz.	24	4	16	8	1	7	5	1	4	—	—	—	—	—	—
Over 4 lb. 6 oz. up to and including 4lb. 15oz.	29	2	26	9	—	9	1	—	1	—	—	—	—	—	—
Over 4 lb. 15 oz. up to and including 5lb. 8oz.	64	1	61	28	—	28	1	—	1	—	—	—	—	—	—
Totals	133	18	106	47	1	46	11	2	8	—	—	—	—	—	—

The following is a summary of the disposal of the children born during the year:—

Cared for by grandparents while mother goes to work	.....	6
Cared for by mother	.....	12
Seeking adoption	.....	5
Adopted	.....	6
Parents married later	.....	3
Total		<hr/> 32 <hr/>

HOSPITAL ACCOMMODATION.—The Cowley Hill Maternity Hospital, administered by the St. Helens and District Hospital Management Committee, is the only Maternity Hospital in St. Helens and has a complement of 50 beds, which includes a 17-bed General Practitioner unit.

Throughout the year patients booked for the Cowley Hill Maternity Hospital at the Council’s Ante-Natal Clinics and also at the Ante-Natal Clinics at the Hospital. When accommodation at the Cowley Hill Maternity Hospital is not available, St. Helens patients are referred to Whiston Hospital. Emergency cases are admitted to Cowley Hill Maternity Hospital when beds are available. Patients are booked for hospital confinement when they come into one of the following classes:—

- Abnormal obstetrical cases
- Multiparity
- Unsuitable home conditions
- Primigravidae

When a woman is recommended for hospital confinement on social grounds and applies to her district clinic for a hospital bed, a report is requested from the district midwife regarding the suitability of the home for confinement. The health visitor of the district is also asked to report on the general family conditions, the amount of help available, the type of work on which the husband is engaged, and any other relevant matter, so that the medical officer in charge of the hospital bookings may assess the case. When a hospital bed cannot be granted, the midwife or health visitor visits the patient and advises the use of the Home Help Service in appropriate cases, the use of maternity outfits, and on the general working of the Domiciliary Midwifery Service.

During 1960, 1,281 births (921 being St. Helens cases) took place in the Cowley Hill Maternity Hospital, 463 St. Helens births in the Whiston Hospital, Prescot, and 18 St. Helens births occurred in other hospitals.

MATERNITY AND NURSING HOMES.—Only one Nursing Home is registered in the Borough, but did not admit any patients during the year.

XI.—MIDWIFERY SERVICE.

MUNICIPAL MIDWIFERY SERVICE.—The staff establishment of the Municipal Midwifery Service is fifteen District Midwives and one Non-Medical Supervisor of Midwives. At the end of the year there was a staff deficiency of 5 District Midwives. The midwives work from their own homes and are grouped in districts to allow for relief duties. The following table gives a summary of the work done by the staff of the Municipal Midwifery Service during 1960.

Number of cases attended:—

as midwife	.....	563
as maternity nurse	.....	40
		<hr/>
	Total	603
Number of live births	.....	594
Number of still-births	.....	14
Number of abortions	.....	3
Number of cases in which midwife sent for medical assistance	.....	193
Supervisor's visits and inspections	.....	527

During the year Gas and Air Analgesia was given to 495 patients, i.e. 81.4% of the total number of live and still-births. All the domiciliary midwives are qualified to administer Gas and Air Analgesia, and for their use, seven portable sets of Minnitt's Gas and Air Analgesia Apparatus are kept at the Central Ambulance Depot, and are despatched from that depot to the patients' homes by car immediately on request by the Midwives. The use of this analgesia is being urged and encouraged in the service.

In addition to Gas and Air Analgesia, the midwives have been instructed in the use of Trilene. One apparatus has been acquired and is being used.

Domiciliary midwives are trained in the use of Pethidine during confinement, and they are all issued with this sedative and analgesic drug for use in their practices. During the year this drug was administered to 364 patients. Pethidine in the early stage of labour, and Gas and Air Analgesia have been found most beneficial in helping to alleviate the suffering of childbirth. During 1960, 4 midwives attended refresher courses (3 midwives and 1 Supervisor).

There was an increase of 52 in the number of mothers delivered at home, compared with the previous year. The number of cases attended by the staff of the Municipal Midwifery Service represents 31.9% of the total notifications of births in the Borough. The majority of these mothers wished to have their confinements at home, their homes were suitable for a confinement to take place there, and the patients were appreciative of the services provided for them by the Municipal Midwifery Service.

During the year, 1 Midwife resigned to take up another appointment and her vacancy was not filled owing to the prevailing lack of applicants for the post of District Midwife. Owing to the shortage of staff, the districts were re-organised with regard to size and the number of cases estimated in the areas, and so the various duties of the Service were carried out satisfactorily during the year. The midwives are on call day and night, and their off-duty times are arranged in accordance with the suggestions laid down by the Whitley Council. These are: 1 day off each week from 5 p.m. on the day preceding the day off until 9 a.m. on the day following the day off. Every fourth week, each midwife is off duty from 9.0 a.m. on Friday until 9.0 a.m. the following Tuesday. The Friday off this week-end is the day off for that week, and the Monday is the day off for the next week.

Should any one midwife have a particularly heavy period of duty, the Supervisor arranges for some relief from other midwives in the Service who are not so busy.

MATERNITY CASES ATTENDED BY MIDWIVES.—The following table shows the extent of the work carried out by the various classes of midwives in St. Helens during 1960.

Table M.C.W.11.

Number of Maternity Cases in the Area of the Local Supervising Authority attended by Midwives during 1960.

	As Midwives	As Maternity Nurses
(a) Domiciliary Midwives.		
Midwives employed by the Authority	563	40
Midwives in Private Practice	—	—
(b) Midwives in Institutions.		
Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act. }	1063	197
Midwives in Private Practice	—	—

INSPECTION OF MIDWIVES.—During 1960, 35 midwives notified their intention to practise within the Borough. At the end of the year, 29 of these midwives were still practising within the Borough, and of these 11 were employed by the Local Health Authority, and 18 were engaged at the Cowley Hill Maternity Hospital.

The supervision and inspection of midwives is carried out by Medical Officers and by the Non-Medical Supervisor of Midwives. During 1960, 110 visits were made to the Council's midwives.

XII.—HEALTH VISITING.

The duties of the Health Visitors include the general health welfare of the family as a whole, as well as the specialised duties connected with the School Health Services and the Care of Mothers and Young Children. This means that time is given to home visiting in connection with the welfare of old people, the follow-up of patients discharged home from hospital, enquiries regarding home conditions of mothers requesting confinement in hospital, in addition to the routine and special visits required to be paid to mothers and young children under school age, and home visits directly connected with School Medical Inspections. The Health Visitors also staff the various Ante-Natal Clinics and Child Welfare Clinics in the Borough, and are in attendance at the School Medical Inspections.

Despite the continued shortage of Health Visitors, the work of the department was well maintained during the year. The payment of car allowances by the Committee to those Health Visitors using their cars gave a mobility to the service which can only be classed as essential.

The number of home visits was maintained and extensive propaganda was carried out in the homes and the clinics to ensure the continuance of immunisation against whooping cough, diphtheria and poliomyelitis. The Health Visitors continued to play their part in Health Education of the mothers attending the ante-natal and infant welfare clinics. Talks were given to groups of mothers on general health subjects, special preparations and care during pregnancy and delivery, confinement at home and in hospital, the general care of infants, the special care needed with premature and immature infants, and the continued need for preventive vaccination and immunisation. Mothers attending the clinics were encouraged to discuss behaviour problems of young children and older children.

The work of Health Visitors in clinics was supported by the introduction of film shows. A projector was purchased for use in the clinics and by the end of the year films were being shown to the mothers at four of the Centres. Plans are being made for an extension of this service and a regular programme of film shows is contemplated in all Centres in the near future.

The continuance of loyal and willing service by the Staff is fully appreciated by all who work with them.

The following statement shows the home visits paid by Health Visitors during the year:

To expectant mothers

(a) first visits	.....	.....	.....	.....	.....	.....	446
(b) subsequent visits	.....	.....	.....	.....	.....	.....	327

To infants under one year

(a) first visits	.....	.....	.....	.....	.....	.....	1921
(b) subsequent visits	.....	.....	.....	.....	.....	.....	8894

To children aged one to five years 20753

To tuberculous households 775

To other cases 2931

Total 36047

XIII.—HOME NURSING SERVICE.

During 1960, the Home Nursing Service was carried out by the St. Helens and District Nursing Association acting as agents of the Local Health Authority. This service is now under the direct supervision of the re-organised Committee of the Nursing Association on which is full representation from the Local Health Authority.

The staff establishment is 1 Superintendent, 2 Assistant Superintendents, and 21 District Nurses. The nurses paid 81,999 home nursing visits during the year, and there were 2,354 cases attended to during this period. An analysis of the cases and visits is given below.

**Number of cases attended and visits made
by Home Nurses during 1960.**

<i>Nature of Illness</i>	<i>Cases</i>	<i>Visits</i>
Medical	1,956	67,064
Surgical	252	8,585
Infectious Diseases	30	306
Tuberculosis	58	5,097
Maternal Complications	10	73
Others	48	874
Totals	2,354	81,999

Patients (included in above totals) who were 65 years or over	990	47,673
Children (included in above totals) who were under 5 years of age	247	2,241
Patients (included in above totals) who had more than 24 visits during the year	550	57,184

In the year under review, there was a decrease in the number of cases attended, i.e. 2,354 in 1960 as compared with 2,810 in 1959. Despite this, the total number of visits paid throughout the year was maintained, there being 81,880 visits in 1959 as against 81,999 in 1960. This presents a picture, therefore, of less cases dealt with but more work carried out.

A detailed analysis of the figures shows that the decrease was mainly in the category of medical cases, but there was a corresponding rise in the number of surgical cases dealt with. This had the effect of more than balancing the number of visits paid and, as noted above, brought the total number of visits to a high level. As year succeeds year, there are inevitable fluctuations in the statistical returns which very often are influenced by a rise or fall of local epidemiological factors. If there has been any slight change noticeable over the past few years, it has been that in the categories of infectious disease, and particularly in tuberculosis, there has been less demand for domiciliary attention. This is a welcome factor and it is to be hoped will be a continuing one. Yet, in the survey of the complete work undertaken, this forms only a very small part of the many medical and surgical conditions receiving home care, and in this sense the underlying pattern of the work of the domiciliary nurses continues unchanged.

Tribute once again must be paid to the valuable work rendered by the Association in the care of aged persons at home. These efforts, together with those of the Home Help Service, render independent life in the community available to many who would, in former years, have been obliged to enter hospital.

The thanks of the Local Health Authority are again expressed to those voluntary members of the Committee of the Association who give so much of

their time to organisation and administration. Last, but not least, mention must also be made of the unending efforts of the nursing staff who so ungrudgingly give their services to those members of the community in their own homes who are in need of nursing care and attention.

XIV.—HOME HELP SERVICE.

The Home Help Service operating in St. Helens provides help in cases of maternity, sickness, convalescence, old age and infirmity, or any emergency in the household due to illness.

At the 31st December, 1960, there were 72 part-time Home Helps working an average 23 hour week, i.e. the equivalent of 36 whole-time staff.

During the year the Home Helps attended 446 cases, 164 of whom were new cases and 282 were old cases from previous years. An analysis of the cases dealt with is given below.

Table H.H.1.

Cases attended	No.	Approx. % of Total Cases	Full Time	Part Time	Recovery of Fees	
					Full Fee	Part Fee
Maternity Cases.						
Domiciliary Confinements.....	23	5.0	15	8	9	14
Hospital Confinements	1	0.4	—	1	1	—
Ante-natal Cases.....	4	1.0	—	4	3	1
Sickness and other Cases.						
Chronic Illness	57	12.8	—	57	8	49
Acute Illness	11	2.5	—	11	4	7
Tuberculosis	7	1.5	—	7	—	7
Mental Illness	—	—	—	—	—	—
Old Age and Infirmity	337	75.3	—	337	31	306
Blind	6	1.3	—	6	1	5
Totals	446	100	15	431	57	389

Home help service for the 164 new cases during the year was recommended by the following:

Welfare Services (including Pilkington Bros. and W.V.S.)	33
National Assistance Board	9
Health Visitors and Midwives	8
District Nursing Association	6
Hospitals	12
Personal application, neighbours and relatives	56
Private Practitioners	22
Society for the Blind	5
Housing Department	6
Council of Social Service	1
N.S.P.C.C.	2
Mental Health	4
	<hr/>
	164
	<hr/>

The following statement shows the visits paid by the Home Help Organiser during the year:—

Number of primary visits to cases	233
Number of return visits to cases	832
Number of visits to Home Helps	138
	<hr/>
	1203
	<hr/>

The standard fee during the year for Home Help Services, as laid down by the Health Committee, was 3/6d. per hour. Reduction of this fee in part is based on an approved scale.

During the year the establishment of Home Helps was increased by 6, this being part of the Council's policy towards the strengthening of the domiciliary health services. The Health Committee keeps the service constantly under review and gives consideration to appropriate additions to the establishment as the demands for the service increase.

XV.—INCIDENCE OF BLIND AND PARTIALLY SIGHTED PERSONS.

Welfare of blind persons in St. Helens is the responsibility of the Welfare Services Committee of the Local Authority. The majority of their activities in this sphere are undertaken on their behalf by the St. Helens and District Society for the Welfare of the Blind.

The Medical Officer of Health is responsible for arrangements for certification for registration.

During 1960, 78 completed forms B.D.8 were received by the Medical Officer of Health. Of these, 28 related to blind persons and 50 to partially-sighted persons, and in two cases the persons examined were found to be neither blind nor partially sighted.

(a) Registered Blind Persons.

On the 1st January, 1960, there were 283 persons registered as blind in St. Helens. During the year 24 new cases were added to the register (including 5 cases formerly classed as partially sighted persons). One case was transferred into the Borough from another area, whilst 39 names were removed from the register due to death or transfer out of the Borough, including two cases decertified. Thus at the end of 1960 there were 269 registered Blind persons in St. Helens. The following analysis gives the information as at 31st December, 1960, concerning the number of blind persons of both sexes according to age groups.

Age Distribution:						Males	Females	Total
Age under 1 year	.....	.....	.....	.....	.....	—	—	—
1-10	.....	.....	.....	.....	.....	1	1	2
11-15	.....	.....	.....	.....	.....	—	1	1
16-20	.....	.....	.....	.....	.....	2	1	3
21-29	.....	.....	.....	.....	.....	3	4	7
30-39	.....	.....	.....	.....	.....	4	9	13
40-49	.....	.....	.....	.....	.....	14	12	26
50-59	.....	.....	.....	.....	.....	14	7	21
60-64	.....	.....	.....	.....	.....	12	14	26
65-69	.....	.....	.....	.....	.....	9	15	24
70-79	.....	.....	.....	.....	.....	32	46	78
80-84	.....	.....	.....	.....	.....	12	26	38
85-89	.....	.....	.....	.....	.....	9	14	23
90-	.....	.....	.....	.....	.....	3	4	7
						115	154	269

Educational and Occupational distribution.

The following analysis shows the occupational states of the employed registered blind persons.

						<i>Males</i>	<i>Females</i>	<i>Total</i>
Education—At school						1	1	2
Not at school						—	1	1
						1	2	3

Employment—Workshops						<i>Males</i>	<i>Females</i>	<i>Total</i>
Age 16-20						1	—	1
21-39						2	1	3
40-49						5	1	6
50-59						2	2	4
60-64						4	—	4
65 & over						1	—	1
						15	4	19

Employment—Elsewhere						<i>Males</i>	<i>Females</i>	<i>Total</i>
Age 16-20						—	1	1
21-39						2	1	3
40-49						—	—	—
50-59						2	—	2
60-64						1	—	1
						5	2	7

Thus 26 were employed during the year (20 males and 6 females).

The following table indicates the different types of occupation of the 26 registered blind employed persons noted above:

Occupation	Place of Employment			Total
	Work-shops	Home	Elsewhere	
Agents, Collectors, etc.	1	—	—	1
Basket Workers	8	—	—	8
Brush Makers	4	—	—	4
Chair Seaters	—	—	—	—
Cleaners	1	—	—	1
Factory Operatives	—	—	1	1
Labourers	—	—	1	1
Machine Knitters	3	—	—	3
Mat Makers	1	—	1	2
Miscellaneous	1	—	1	2
Telephone Operators	—	—	1	1
Typists	—	—	2	2
Totals	19	—	7	26

The following table indicates the position of the remaining 243 unemployed registered blind persons with respect to training and capability for employment.

Classification	Males	Females	Total
Under Training	2	—	2
Trained but Unemployed	3	—	3
Not Available for Work	4	26	30
Not Capable of Work	18	15	33
Not Working (all over 65 years of age).....	64	105	169
Unemployed but capable of and available for work	6	—	6
Totals	97	146	243

Fifty-two of the persons registered as blind also suffered additional disabilities as indicated in the table below:

	Males	Females	Total
Mentally Ill	2	2	4
Mentally Sub-Normal	3	—	3
Physically Defective	8	11	19
Deaf without Speech	1	—	1
Deaf with Speech	2	2	4
Hard of Hearing	9	8	17
Physically Defective and Deaf or Partially Deaf	2	2	4
Totals	27	25	52

Twenty-three persons are maintained in homes, 9 in homes for the blind, 3 in mental hospitals, 2 in mental deficiency institutions, and 7 in other hospitals.

(B) Registered Partially Sighted Persons

During the year 49 completed B.D.8. forms were received by the Medical Officer of Health in respect of partially sighted persons.

On the 1st January, 1960, there were 87 persons registered as partially sighted. Nineteen new cases were admitted to the register during the year (including two persons transferred from Register of Blindness). Thirteen names were removed from the register for the following reasons: Death 8, transfer to register of blindness 5. Thus at the 31st December, 1960, there were 93 persons registered as partially sighted within the Borough.

The following analysis gives the information concerning these persons by age groups:—

Age distribution:—		Males	Females	Total
Age	5-15	3	2	5
	16-20	3	2	5
	21-49	6	7	13
	50-64	3	3	6
	65 and over	20	44	64
		35	58	93

Educational and Occupational Distribution.

The following analysis shows the different states of occupation of the 93 partially sighted persons:

	<i>Males</i>	<i>Females</i>	<i>Total</i>
(a) Persons over 16 years of age—			
(i) Available for work	2	2	4
(ii) Not available for or not capable of work	11	23	34
(iii) Employed	2	3	5
(vi) Undergoing training	—	—	—
(v) Requiring observation only	18	27	45
Totals	33	55	88
(b) Persons under 16 years of age—			
(i) Attending Special Schools	1	1	2
(ii) Attending other Schools	1	1	2
(iii) Not at school.....	—	—	—
(iv) Ineducable	1	—	1
Totals	3	2	5

Particulars of Cases Examined.

The following table shows the analysis of completed forms B.D.8 received by the Medical Officer of Health during 1960 in respect of Blind and Partially Sighted Persons.

(i) Number of cases registered or re-examined during the year in respect of which para. 7(c) of Forms B.D.8 recommends:	Cause of Disability							
	Cataract		Glaucoma		Retrolental Fibroplasia		Others	
	M	F	M	F	M	F	M	F
BLIND								
(a) No treatment	6	3	—	1	—	—	7	6
(b) Treatment (medical, surgical or optical)	4	1	—	—	—	—	—	—
PARTIALLY SIGHTED								
(a) No treatment	11	22	—	—	—	—	7	8
(b) Treatment (medical, surgical or optical)	1	—	—	—	—	—	—	1
(ii) Number of cases under (i) above which on follow-up action have received treatment:								
(a) Blind cases	—	—	—	—	—	—	—	—
(b) Partially sighted cases	1	—	—	—	—	—	—	1

Registered Blind Persons

As was the case in 1959, cataract again proved to be the commonest condition responsible for blindness amongst the 24 newly registered cases in 1960.

Ophthalmia Neonatorum.

There was one case of ophthalmia neonatorum notified to the Medical Officer of Health during the year 1960.

Source of Notification.

Of the 39 persons for whom new Certificates B.D.8 were issued, ascertainment of these cases was as follows:

	Blind	Partially Sighted	Sighted
Welfare Staffs (including Home Teachers for the Blind)	13	11	—
Own General Practitioner	—	1	—
Unknown Source	2	1	—
Personal Request	—	1	—
Health Visitor	—	—	—
National Assistance Board	2	2	—
W.V.S.	—	1	—
Hospitals	2	—	1
Total	19	17	1

It will be seen that Welfare Department Staffs were responsible for 24 of the 37 notifications received and of those 24, 13 were found to be blind persons. This compares with former years, where the main source of notification was from medical sources.

Acknowledgement is made to Mr. M. F. Beglin, Chief Welfare Officer, for the information contained in the above Section.

XVI.—GENERAL PROVISION BY THE HEALTH AND WELFARE SERVICES FOR THE CARE OF HANDICAPPED PERSONS INCLUDING EPILEPTIC AND SPASTIC PERSONS

The welfare provision for the care of handicapped persons, including Epileptics and Spastics, is undertaken by the Welfare Services Committee of the Council in accordance with the scheme approved by the Ministry of Health on 24th May, 1954.

At the end of 1959 there were 409 persons substantially and permanently handicapped on the register. Twenty-nine new registrations were affected during the year, 23 deaths occurred and 3 removals outside the Borough. One case was transferred to the Register of Blindness, making the resultant total of 411 at the end of December, 1960.

HANDICAPPED PERSONS

(a) Classification in relation to defect

Details of the numbers and classification of known handicapped persons in St. Helens are given below. These are classified under the appropriate Medical Research Council code and the figures shown in parenthesis denote the numbers who suffer from dual disabilities, e.g. deaf and partially sighted, blind and epileptic, etc.

Table H.P.1.

**Details of registered handicapped persons in St. Helens
classified in accordance with disability.**

DISABILITY	Code	Male	Female	Total
Amputation	A/E	23(1)	4	27
Arthritis and Rheumatism	F	18(3)	9(3)	27
Congenital Malformations and Deformities	G	23(1)	7	30
Diseases of the Digestive and Genito-Urinary Systems; of the Heart or Circulatory System ; of the Respiratory System (other than T.B.); and of the skin	H/L	79(6)	11	90
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Also injuries or diseases (other than T.B.) of the upper and lower limbs and of the spine	Q/T	62(11)	14(1)	76
Organic Nervous Diseases— Epilepsy, Disseminated Sclerosis, Polio-myelitis, Hemiplegia, Sciatica, etc.	V	50(5)	27	77
Neuroses, Psychoses and other Nervous and Mental Disorders not included in V	U/W	20(1)	7	27
Tuberculosis (Respiratory)	X	17(1)	3(1)	20
Tuberculosis (Non-Respiratory)	Y	—	1	1
Diseases and Injuries not specified above	Z	27(1)	9	36
Totals		319(30)	92(5)	411

Every effort is made to ensure that registered handicapped persons derive maximum benefit from available medical, financial and social services. Advice is given concerning benefits available from statutory or voluntary sources. In addition, certain of the following services are directly provided by the Welfare Services Department.

The Social Centre at the Congregational Hall, Ormskirk Street, continued to operate, and although there was a decline in the number of new registrations since 1959, the number of handicapped persons attending the Centre and availing themselves of the services provided there steadily increased to the firm nucleus of 30 now regularly attending. New and varied types of handicrafts were introduced to meet the interest and demand of the handicapped persons who had improved in confidence, knowledge and dexterity. All the handicapped persons who attended the Social Centre regularly were invited to a Christmas party held at the Congregational Hall. Suitable entertainment was provided prior to tea, which was followed by a film show. In addition, each registered person attending received a Christmas gift from the Welfare Services Committee. During the summer season, those handicapped persons who attended the Centre were invited to two separate outings at the seaside. The weather was warm and sunny and the outings which took place to Rhyl and Southport proved very satisfactory. In February, arrangements were made for the same group of handicapped to attend a pantomime in Liverpool, transport being provided to convey the more seriously disabled from door to door.

Employment

As a result of attending the Social Centre, 7 persons were found employment by the Disabled Resettlement Officer who worked in liaison with the Welfare Services Department.

(b) Grouping in relation to employability

The following table, H.P.2., shows the grouping of the 411 handicapped persons in relation to their employability. These are classified by sex in the five recognised employability groups.

Table H.P.2.

Details of registered handicapped persons in St. Helens grouped in accordance with employability. (During the year there has been a revision of the Employability Grouping which has now been brought into alignment with the Ministry of Labour grouping).

Age Group	Employability Group	Code	Male	Female	Total
Persons aged 16 & upwards	Capable of work under ordinary industrial conditions	A	202	32	234
	Incapable of work under ordinary industrial conditions but mobile and capable of work in sheltered workshops	B	46	8	54
	Incapable of work under ordinary industrial conditions and insufficiently mobile for work in sheltered workshops but capable of work at home	C	3	4	7
	Incapable of or not available for work	D	67	48	115
Children under the age of 16 years	Whose needs are likely to be met under other enactments but for whom the L.A. have a general responsibility under S.29 of the National Assistance Act, 1948	E	1	—	1
Totals			319	92	411

Adaptations

Adaptations to premises have been carried out at the homes of 8 disabled persons to enable them to live normal lives in their own surroundings. Steps have been replaced by ramps, gateways have been widened or extended, paths have been laid to facilitate the passage of wheel chairs or motorised tricycles, the total cost of which was approximately £130. Amongst the appliances provided was an adjustable reading stand constructed by the Building Department for loan to a disabled person who was unable to read from a normal position due to wearing a spinal collar. A bed screen was provided to maintain privacy for a disabled person whose bed was situated in a living room.

Residential Accommodation

During the year 2 handicapped persons were admitted to Part III accommodation, one to accommodation provided by the Local Authority and one to accommodation outside the Borough.

Epileptics

During the year 7 epileptics were placed in accommodation provided by the Welfare Authority. Of these 3 males and 3 females were in Colonies administered by voluntary organisations, and 1 male was in accommodation administered by the local authority. There were 39 known cases of epilepsy in the Borough. Of these 28 were males and 11 females.

Table H.P.3.
Number of registered Epileptics under
Classification V. of Table H.P. 1.

	Employed	Un- Employed	Total
Males	6 (1)	22 (4)	28
Females	1	10	11
Total	7	32	39

Epileptics of school age are not registered with the Welfare Department, but in the past, at close of school life, recommendations were made to that department after assessment of individual cases with regard to the possibility of placement in employment.

During the year under review, no cases have been reported.

CO-ORDINATION OF THE WELFARE OF AGED PERSONS

Since 1954 the Welfare Services Committee of the Council has operated a scheme for the care of the aged living within the Borough. On the 31st December, 1959, the department was supervising the care of 1,200 elderly persons. A further 106 registrations were made during 1960 and deaths were recorded of 64 of the registered aged. There were similar fluctuations in the numbers of the elderly blind and deaf. Thus on the 31st December, 1960, the department was responsible for the welfare of 1,213 elderly persons. Of these 168 were in residential care, 362 were being visited by Home Teachers for the Blind, 143 by the Chaplain for the Deaf, 32 by the department's Visitors for the Handicapped, and the remaining 508 by Welfare Officers or Visitors of the Welfare Department. During the year under review, 4,187 visits were undertaken by the staff, together with 376 visits by Voluntary Organisations to aged persons who had expressed a wish for this provision. The elderly blind were visited in hospital by Home Teachers and similarly the elderly deaf in hospital were visited by the Chaplain for the Deaf.

Each pensioner visited is given a pre-paid postcard in order to summon assistance should help be needed before the next normal visit is due. During the year many of the registered persons returned their card to the department seeking help for various needs through this service.

Residential Accommodation

An extension at Moss Bank Hostel was completed in January of this year, when it was possible to accommodate an additional seven residents, increasing the bed complement to 50. During the year 1960, 47 of the registered persons became too infirm to continue residing alone and were admitted to residential accommodation, ten having to be placed outside the Borough while the remaining 37 were accommodated in the Council's hostels. It was possible to return five St. Helens residents from accommodation provided outside the Borough to hostels in St. Helens. The policy of providing short-stay care was continued, enabling nine aged persons to be admitted to the

Council’s hostels whilst relatives who would normally care for them at home took a well-earned holiday or entered hospital to receive treatment. There are now one hundred and sixty-eight persons in Part III Accommodation, all of whom are visited at least once a year by the Welfare Services Visiting Sub-Committee.

The following table indicates the placement of persons in residential accommodation provided in compliance with Section 21 (1) (a) of the National Assistance Act, 1948.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
St. Helens County Borough Council	58	47	105
Other Local Authorities	10	2	12
Voluntary Organisations	25	26	51
Totals	93	75	168

The Minister of Health consented to the erection of a new 60 place hostel to be erected at Ashtons Green, St. Helens. Work commenced on the foundation of the site, but it is not anticipated that the hostel will be ready for occupation during the ensuing year. In the meantime it is becoming increasingly difficult to find satisfactory accommodation for the type of resident now applying for accommodation. It appears that persons who were hitherto considered to be suitable only for admission to accommodation for senile demented are now being considered suitable by general practitioners and by psychiatrists for admission to normal hostels. Thus one is having to mix together in very limited accommodation the healthy aged together with border-line chronic sick and those with full mental faculties together with border-line senile dementias.

Other Services

As a result of the regular visiting of the aged, many instances have come to light of needs which could be satisfied by the services available from the National Assistance Board, nationalised undertakings, various Corporation Departments or voluntary organisations. The co-operation of the Department with all these services is a regular feature, and in this manner the varying needs of the aged can be met.

I should like to express appreciation to the General Practitioners who have willingly advised and sought the assistance of the Department concerning their patient’s welfare. Similarly I should like to express appreciation to the clergy who have attended to the spiritual needs of the elderly whenever cases have been brought to their attention by Welfare Officers.

Meals on Wheels

It is gratifying to note that since the Meals on Wheels Service commenced in 1956 the number of hot meals delivered to the homes of aged persons has increased to 9,288, i.e. an overall increase of 303 %. The meals, which are prepared at the Council’s hostels and the Town Hall canteen, are delivered over four days per week to varying needy persons. Transport is provided from three sources: The Rotary Club of St. Helens, distributing from Nutgrove Hall Hostel; and the W.V.S. van distributing from Moss Bank Hostel and the Town Hall canteen. On those days when the W.V.S. van is engaged at the Town Hall canteen delivery from Moss Bank Hostel is effected by paid taxi service. The Welfare Services Committee make an annual grant to the W.V.S. who organise the service for reimbursement of transport facilities. The charge per meal to the elderly person was maintained at 1/-, and the traditional Christmas fare was again available without cost to the recipient.

Launderette Service

The concessionary service available through the Bendix Launderette was continued during the year and pensioners are entitled to use the service at off-peak periods at special reduced rate of 2/3d. per 9 lb. washing load. The service is available once per fortnight on Thursdays and Fridays at each of the town's launderettes. Four hundred and eighteen cards entitling pensioners to use the service were issued during 1960. In the cases of housebound elderly who cannot attend at the launderette personally, ladies of the W.V.S. collect and deliver laundry. During the year over 1,000 such collections were effected by this service.

Protection of Property

Where an elderly person is admitted to hospital and no suitable arrangements have been made by the patient, his moveable property is protected by the Welfare Department. Where property can be maintained in the house and arrangements made for the rental to be paid, the Chief Constable kindly arranges police supervision of the premises. In the event of the tenancy not being preserved, all moveable property is transferred to storage in accommodation provided by the Welfare Committee. Occasionally, on the death of an elderly person, where no satisfactory arrangements had otherwise been made and the burial was undertaken by the Committee, the estate was administered to the satisfaction of the Duchy of Lancaster.

Wheelchairs

During the year the Welfare Services Committee purchased a further six wheelchairs (three outdoor and three indoor types) and accepted the gift of two wheelchairs from private owners. In all, the department now has fourteen wheelchairs available for use by aged, infirm persons or for loan to relatives who wish to take their elderly parents out during holiday periods. The demand for this service has increased during the year, and it is anticipated that this service will need extension.

General

Whilst the services being provided have been extended as far as is possible during the year, there are still gaps in the services which can only be met by providing additional facilities in the form of clean linen service, soiled linen provision and night attendants. A further difficulty which has been experienced during the year is the care of the chronic sick or senile dementia patient who is awaiting admission to hospital and where there are no relatives able to care for such person. It is a matter of deep concern to provide assistance in the home and supply meals at week-end when the normal statutory services only operate on five days per week. There is a reluctance to deal under the new Mental Health Act, with persons hitherto classed as border-line senile demented, and the problem of the confused mind in the community is bringing many difficulties in these early days.

Co-operation with other bodies

The Welfare Services Committee has extended its assistance under Section 31 of the National Assistance Act to provide a capital grant to the East Sutton Darby and Joan Club to enable them to furnish and equip a new Darby and Joan Club in the town.

Acknowledgement is made to Mr. M. F. Beglin, Chief Welfare Officer, for the information contained in the above section.

XVII.—INSPECTION AND SUPERVISION OF FOOD

Meat and Other Foods. The inspection and supervision of all meat at the Public Abattoir and at the private slaughterhouse is carried out by qualified meat inspectors.

Table S.I.1.
CARCASSES INSPECTED DURING 1960.

	PUBLIC ABATTOIR					Private Slaughterhouse
	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs	Pigs
Number killed	1869	4633	59	10126	5201	6061
Number inspected	1869	4633	59	10126	5201	6061
Condemned:—						
(a) All diseases except Tuberculosis and Cysticerci—						
(i) Whole carcasses condemned	1	2		11	1	13
(ii) Carcasses of which some part or organ was condemned	446	1965	—	1762	1962	2171
(iii) Percentage of number inspected affected with disease other than tuberculosis	23.9%	42.4%	—	17.4%	37.7%	35.8%
(b) Tuberculosis only:—						
(i) Whole carcasses condemned	1	1	—	—	—	—
(ii) Carcasses of which some part or organ was condemned	29	175	—	—	55	113
(iii) Percentage of the number inspected affected with tuberculosis	1.6%	3.8%	—	—	1.1%	1.9%
Cysticercosis:—						
Carcasses of which some part or organ was condemned	—	4	—	—	—	—
Carcasses submitted to treatment by refrigeration	—	4	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

The practice was continued during the year of submitting to the Liverpool City Laboratories for examination specimens of parts of carcasses or organs suspected to be affected with *Cysticercus Bovis*. 4 specimens were sent and in all cases the presence of *Cysticercus Bovis* was confirmed.

Table S.I.1 gives details of the results of such inspection.

Under the Slaughter of Animals Act, 1958, one licence was granted and 33 licences were renewed to slaughtermen for the year ended 31st December, 1960.

At the end of the year, 182 premises were registered under Section 127 of the St. Helens Corporation Act, 1933, for the preparation or manufacture of potted, pressed, pickled or preserved meat, fish, or other food intended for the purpose of sale.

During 1960, 3,551 visits were made by Inspectors to shops, stalls and other places where food is prepared or stored.

Public Health (Meat) Regulations, 1924.—No infringement of these Regulations was found during the year.

Merchandise Marks Act, 1926 and Orders.—Infringements of the Merchandise Marks Orders were dealt with by verbal warnings.

Food Hawkers.—Section 47 of the St. Helens Corporation (Electricity and General Powers) Act, 1948, requires the registration of any person (other than a person keeping open shop) who sells, offers or exposes for sale food from any vehicle or receptacle. The section also requires the registration of storage accommodation for any food intended for any of these purposes.

At the end of the year 38 persons and 61 separate sets of premises were registered under this section.

Food Hygiene Regulations and Clean Food Campaign

During the year it was possible to sustain the previous effort in regard to the routine inspection of food premises. The system of interviewing the occupiers and food handlers in their own premises and discussing food hygiene on the spot was continued. Owing to the latter approach many improvements have been obtained in the standard of premises above the minimum requirements of the regulations. In many cases approaches were made to the Inspectors for advice when alterations to food premises were envisaged. This approach has been encouraged again throughout the year and saves time in perusing plans when they are formally submitted for approval under building byelaws.

Alterations and improvements to licensed premises have continued in the year as a result of surveys made.

Emphasis has been applied this year to the improvements and alterations required to the many clubs in the Borough. Numerous interviews have taken place with secretaries, architects and committee members in control of the clubs with the result that many schemes of improvement and reorganisation have been submitted and carried out. Like the licensed premises, many of the clubs have rooms used for social events, such as wedding parties, birthday parties, etc., with refreshments either prepared or served in the room. Particular attention has been paid to the provision of suitable facilities to enable this food to be prepared and served under hygienic conditions.

Unfortunately the drive carried out on food premises is still being influenced to a degree by the conditions prevailing in the market area. Whilst small improvements have been obtained in regard to stalls as they are vacated, there would appear to be little hope that the general unsatisfactory conditions prevailing will be obviated for some time to come.

The following are the particulars at the end of the year of the numbers and types of food premises in the Borough.

Grocers' and General Shops	556
Butchers' Shops	94
Greengrocery and Wet Fish Shops	74
Fried Fish Shops	78
Bakehouses	49
Snack Bars, Cafes, etc.	38
Industrial Canteens	33
Hawkers' storage premises	61
Dairies	16
Ice Cream premises (manufacturing)	3
Miscellaneous food premises	24
Total	1,026

Premises registered under Local Acts.

The following are the particulars of food premises in the Borough registered under local Acts together with the numbers of inspections made in respect of each of these classes of premises:—

	<i>No. of Premises</i>	<i>No. of Inspections</i>
(a) St. Helens Corporation Act, 1933—Section 127—Premises used for the preparation or manufacture of potted, pressed, pickled or preserved meat, fish or other foods	182	446
(b) St. Helens Corporation Act, 1933—Section 133—		
(1) Premises used for the manufacture and sale of ice cream	3	471
(2) Premises used for the sale of ice cream	311	
(c) St. Helens Corporation (Electricity and General Powers) Act, 1948—Section 47. Premises used by hawkers of food as storage accommodation	73	120

Premises registered under Milk and Dairies Regulations, 1949.

Premises used as dairies.....	16	115
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Disposal of Condemned Food.

Condemned meat and offals from the Public Abattoir are disposed of to a firm of animal foodstuffs and fertilisers manufacturers. This firm has given a guarantee that no raw meat will be sold to pet shops and that adequate steps will be taken for preventing the meat from getting into unauthorised hands. All condemned meat and offals are treated with a suitable colouring agent before release from the Public Abattoir.

Other classes of condemned foodstuffs are dealt with by treatment with disinfectant for the purpose of rendering them unmarketable, and are afterwards buried at the local refuse tip. Canned goods are punctured before release and are similarly disposed of.

The following are the total quantities of various classes of foodstuffs which were condemned during the year at the abattoir, or in shops, etc., owing to being diseased or unsound:

Meat	.....	89,232 lbs.
Canned Goods	.....	11,323 lbs.
Fish	.....	7 lbs.
Vegetables	.....	97 lbs.
Miscellaneous Foodstuffs	.....	737 lbs.
		<hr/>
		101,396 lbs.
		<hr/>

MILK AND MILK PRODUCTS

Milk and Dairies General Regulations, 1959.

- At the end of the year there were registered under these Regulations:
- 18 persons as distributors of milk from dairy premises;
 - 296 persons as distributors of milk in sealed bottles only from shops; and
 - 16 premises as dairies.

Most of the milk received into dairy premises in St. Helens is delivered to those premises in sealed bottles. The administration of these Regulations does not now, therefore, constitute a serious problem.

573 visits were paid by the Public Health Inspectors to these premises during the year.

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

The following licences were granted during the year under these Regulations:—

Dealers' Licences authorising the use of the special designation "STERILISED"	314
Dealers' Licences authorising the use of the special designation "PASTEURISED"	155
Dealers' Licences authorising the use of the special designation "TUBERCULIN TESTED MILK (PASTEURISED)"	100
Dealer's (Pasteuriser's) Licence authorising the use of the special designation "PASTEURISED"	1
Supplementary Licences authorising the use of the special designation "STERILISED"	10
Supplementary Licences authorising the use of the special designation "PASTEURISED"	12
Supplementary Licences authorising the use of the special designation "TUBERCULIN TESTED MILK (PASTEURISED)"	12

Milk (Special Designation) (Raw Milk) Regulations, 1949

The following licences were granted under these Regulations for the year ended 31st December, 1960:

Supplementary Licences authorising the use of the special designation "TUBERCULIN TESTED (FARM BOTTLED)"	6
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Biological Examination of Milk.—In the routine examination of milk supplies 54 samples were examined by guinea-pig inoculation for the presence of tubercle bacilli. All were reported negative.

Bacteriological Examination of Milk.—In addition to the samples of milk taken for examination for tubercle bacilli, 46 samples were also taken for the methylene blue (4½/5½ hours) reduction test.

The results of these examinations showed that 9 samples of tuberculin tested milk failed to satisfy the methylene blue test required by the Regulations.

190 samples of pasteurised milk were also examined for the methylene blue (30 minutes) test. 8 samples failed to satisfy the test.

Examination of Milk for the presence of Phosphatase.—190 samples of milk were also examined during the year for the presence of phosphatase. All samples were reported satisfactory.

Turbidity Test for Sterilised Milk.—During the year 57 samples were submitted for this test. All were reported to be satisfactory.

Milk-in-Schools Scheme.—All milk now supplied to schools under the Milk-in-Schools Scheme is milk for which a pasteuriser’s licence has been granted. Careful supervision is exercised by the Public Health Inspectors and frequent samples are taken for chemical examination and for examination for bacterial contamination.

The number of samples taken during 1960 and the results are as follows:

1. Samples taken for chemical analysis	.....	.....	.....	.....	.....	178
Number reported below standard	.....	.....	.....	.....	.....	nil
2. Samples examined for bacteriological cleanliness	.....	.....	.....	.....	.....	9
Number reported to be unsatisfactory	.....	.....	.....	.....	.....	1
3. Samples examined for the presence of tubercle bacilli	.....	.....	.....	.....	.....	8
Number in which tubercle bacilli was found	.....	.....	.....	.....	.....	nil

The chemical analyses of the above samples were carried out by means of the Gerber Test at the Department’s own laboratory, and only in doubtful cases were samples examined by the Public Analyst.

Ice Cream Premises.—The following are the particulars at the end of the year of registrations under the St. Helens Corporation Act, 1933, of manufacturers and vendors of ice cream and the premises used by them:—

Manufacturers and Vendors	.....	.....	.....	.....	.....	.....	3
Vendors only	.....	.....	.....	.....	.....	.....	355
Premises for manufacture and sale	.....	.....	.....	.....	.....	.....	3
Premises for sale only	.....	.....	.....	.....	.....	.....	370

The 355 vendors mentioned above sell ice cream in wrapped packages only.

131 samples of ice cream were taken during the year for bacteriological examination by the Methylene Blue Test. These samples were taken from manufacturers and vendors whose premises are situate both inside and outside the Borough.

Results of Ice Cream Sampling

	Grade 1	Grade 2	Grade 3	Grade 4
Producers outside the Borough	36	13	5	2
Producers inside the Borough	56	12	3	—
	92	25	8	2

4 samples taken during the year were unfit for examination on arrival at the Laboratory, due to being in a liquid state.

143 samples of Lolly Ices were taken during the year for bacteriological examination and were reported to be satisfactory.

It is now established by sampling that the lollie-coated ice-creams and the lollies made from ice-cream mix show a higher count than the fruit lolly. In cases where comparatively high count figures have been reported for certain samples, the attention of the authorities concerned has been drawn to the results, and in all cases later results have shown an appreciable reduction in the counts.

All vehicles used for the sale of ice-cream are provided with satisfactory supplies of hot and cold water and suitable washing facilities.

During the year, 471 visits of inspection were made to ice cream premises in St. Helens.

FOOD AND DRUGS.

Food and Drugs Act, 1955.—During 1960, 210 formal samples and 118 informal samples of various foods and drugs were submitted to the Public Analyst, and 4 (1.2%) were reported as adulterated.

A bakery firm was prosecuted during the year for selling a wrapped, sliced brown loaf which was hard, stale, mouldy and smelling. A fine of £1 was imposed by the Court.

Appropriate action was taken by the Public Health Inspector's Department in respect of 2 informal samples reported as adulterated.

Five instances of extraneous matter being found in foodstuffs were dealt with by warnings by the Public Health Committee, viz:—

- (1) Loaf of bread containing a crumpled grease-proof paper bag.
- (2) Black and white humbug containing a piece of metal.
- (3) Milk contaminated with mould.
- (4) Loaf of bread containing a fly.
- (5) Sandwich cake containing a wire object.

The Condensed Milk Regulations, 1959.

The Public Health (Dried Milk) Regulations, 1923 and 1927.

No infringements of these Regulations were found during the year.

Public Health (Preservatives, etc., in Food) Regulations, 1925-1958.—All samples submitted to the Public Analyst under the Food and Drugs Act, 1955 were also examined for the presence of preservatives.

Fertilisers and Feeding Stuffs Act, 1926.—4 samples of fertiliser were taken under the above Act during the year. They were reported to be satisfactory.

Pharmacy and Poisons Act, 1933.—At the end of the year there were 53 persons entered in the Local Authority's list of persons entitled to sell poisons included in Part II of the Poisons List. The number of premises concerned was 66.

60 visits were paid to these premises and no infringements of the Act were found.

Pharmacy and Medicines Act, 1941.—No infringements of this Act were found during the year.

Bakehouses.—There are 49 bakehouses in St. Helens and mechanical power is employed in 46 instances.

64 visits of inspection to these premises were made during the year.

DISEASES OF ANIMALS ACTS.

Tuberculosis Order, 1938.—No cases under this Order were reported during the year.

Anthrax.—No cases of Anthrax were reported during the year.

Swine Fever.—4 cases of suspected Swine Fever were reported, but none were confirmed.

Foot and Mouth Disease.—No cases of Foot and Mouth Disease were reported during the year.

Fowl Pest.—1 case of suspected Fowl Pest was reported during the year, but the disease was not confirmed.

XVIII.—SANITARY CIRCUMSTANCES OF THE AREA.

WATER.—The water supply is from deep wells and boreholes in new red sandstone at Eccleston Hill, Whiston, Knowsley, Kirkby and Melling, supplemented by a supply from the Liverpool Corporation Rivington Main, and water from red sandstone above the coal measures at Clock Face and Collins Green. The water from the last-mentioned source is subjected to chlorination and high pressure filtration before distribution.

Two new boreholes have been brought into commission at Melling Pumping Station and the yield from this station has now been increased by 600,000 gallons per day.

2,000 yards of 21" trunk watermain have been laid along the East Lancashire Road and has been connected up to the distribution system to improve supplies in the northern area of the town.

The principal mains extensions carried out during the year totalled 6,228 lineal yards.

The supply has been satisfactory in both quality and quantity throughout the year. Bacteriological examinations of the water were made at regular intervals at the sources of supply, and at the reservoirs prior to distribution into supply, in all cases after chlorination. The number of samples examined during the year was 476.

In addition, 15 samples of tap water were submitted by the Public Health Inspector's Department for bacteriological examination.

The water supplied has no plumbo-solvent action.

All supplies are chlorinated before distribution.

RIVERS AND STREAMS.—The supervision of rivers and streams in St. Helens is carried out by the Mersey River Board.

DRAINAGE AND SEWERAGE.—The Greenbank-Borough Road sewer was reconstructed in conjunction with the redevelopment of that area.

A small flood relief scheme was also carried out in Cambridge Road.

The following main drainage proposals have been approved by the Council:—

(a) **Main Intercepting Sewer (Part Reconstruction)**

Will have the effect of renewing that length of the Main Intercepting

Sewer which has been adversely affected by accumulated mining subsidence, and will restore full capacity in the system.

(b) **Proposed Sherdley Valley Intercepting Sewer**

Will provide main drainage facilities in the south-westerly part of the Borough for development and will provide for the Corporation's future housing sites.

(c) **Thatto Heath Intercepting Sewer (Reconstruction)**

Will improve sewerage facilities in central and westerly parts of the Borough and will eliminate flood spots.

(d) **Abandonment of Moss Bank Sewage Works—Proposed Carrier Sewer**

Will further the central treatment of sewage at the Parr Works and eliminate a small uneconomical works.

CLOSET ACCOMMODATION.—At the end of the year 157 pail closets and 103 privy middens were in use serving 132 and 159 premises, respectively.

PUBLIC CLEANSING.

(a) (1) **Refuse Collection**

Another S & D Fore and Aft tipping refuse collection vehicle has been purchased and when delivered will bring the total of this type of vehicle to 9.

Further $1\frac{1}{4}$ cu. yd. bulk storage refuse containers have been installed, three at St. Helens Hospital, two at the Eccleston Hall Hospital and a further four, after private purchase, at business establishments. There are now 22 in use. Bulk storage refuse containers have been purchased for installation at multi-storey flats in process of erection and for use in schools.

(2) **Refuse Disposal**

Controlled tipping operations have been completed at Kurtz Tip, Jackson Street, and it has been handed over for final covering prior to being used for recreational purposes.

Tipping of domestic refuse is continuing at Hard Lane Quarry, where it is anticipated that completion will be during the late summer of 1961. Preparatory works are being continued at Fleet Lane, where the next controlled tipping will take place.

(b) Controlled tipping is now being carried out at Hard Lane only. Kurtz Tip was completed on the 9th September, 1960. Percentages of refuse for 1960 are therefore:—Kurtz Tip 66% and Hard Lane 34%.

(c) Total of household refuse disposed of by controlled tipping 100%.

HOUSE REFUSE ACCOMMODATION.—The scheme for the provision and maintenance of dustbins and the abolition of ashpits is now in operation throughout the Borough.

Staff shortage again seriously curtailed that part of the programme dealing with the abolition of fixed ashpits. By the end of the year 148 ashpits serving 274 houses had been demolished or converted under the scheme.

TAYLOR PARK PADDLING POOL.—8 samples were taken of the water in this pool for bacteriological examination. Treatment of the water was carried out at intervals throughout the summer months under the supervision of the Public Health Inspector's Department. 3 samples were also taken of the water in the boating pool, which is used for swimming during the summer months, and 2 samples from the drinking fountain.

ATMOSPHERIC POLLUTION.—For the measurement of atmospheric pollution in St. Helens the following observation stations are now maintained:—

Claughton Street Clinic	.....	.....	Standard Deposit Gauge. Lead Peroxide Instrument.
Albion Street Clinic	.....	.....	Standard Deposit Gauge. Lead Peroxide Instrument.
Eccleston Hill Waterworks	.....		Standard Deposit Gauge. Lead Peroxide Instrument.
Victoria Park	.....	.....	Standard Deposit Gauge. Lead Peroxide Instrument.
Peasley Cross Isolation Hospital	.....		Lead Peroxide Instrument.
Sutton Manor Sewage Works	.....		Lead Peroxide Instrument.
Public Health Inspector's Office, Hardshaw Street	.....	.....	Smoke filter

No meeting of the St. Helens and District (Atmospheric Pollution) Joint Consultative Committee was held during the year.

319 observations were taken of industrial chimneys during the year. In 13 instances black smoke was emitted for more than two minutes during the half-hour period of observation. Representations were made with the firms concerned with a view to the diminution of the nuisances. As a result of consultations with the firms concerned, improvements in boiler plants and furnaces and in their operation have been effected. 75 inspections of boiler-house plant were made during the year.

The programme of declaring smoke control areas for the year has not been able to be carried out due to a shortage of staff in the Borough Engineer's Department. This has caused an inevitable delay in the preparation of survey plans, which are essential for the submission of the necessary schemes.

Factories.—8 defects were reported by H.M. Inspector of Factories during the year and 229 instances of unsuitable or defective sanitary conveniences were dealt with. A total of 369 visits of inspection were made to factories during 1960.

Table S.I.2. gives particulars of the administrative action taken under the Factories Act, 1937.

Table S.I.2.

PART I OF THE ACT.

1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	36	9	4	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	300	329	70	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	31	31	2	—
TOTAL	367	369	76	—

2.—CASES IN WHICH DEFECTS WERE FOUND

(If defects are discovered at the premises on two, three or more separate occasions they are reckoned as two, three, or more "cases").

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	1	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient	3	—	—	1	—
(b) Unsuitable or defective	229	93	—	6	—
(c) Not separate for sexes	2	1	—	1	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	235	94	—	8	—

PART VIII OF THE ACT
OUTWORK
(Sections 110 and 111)

Nature of Work	SECTION 110			SECTION 111		
	No. of out-workers in August list required by Sec 110(1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices Served	Prosecutions
Wearing apparel—making, etc.	3	—	—	—	—	—
TOTAL	3	—	—	—	—	—

SANITARY INSPECTION OF THE AREA.—The total number of visits made by the Public Health Inspectors was 27,413. The nature of these inspections is shown in Table S.I.3, and Table S.I.4 contains a list of notices served and the results of such notices.

TABLE S.I.3.

Number and nature of inspections during 1960.

(a) Number of complaints investigated :—

1. Housing defects	1055
2. Choked and defective drains	301
3. Emissions of smoke	33
4. Accumulations of offensive matter	12
5. Miscellaneous	136

(b) Inspections re Sanitation and Food Supply :—

Dwellinghouses inspected	1778
Common Lodging Houses	93
Houses—Let in Lodgings	5
Tents, Vans and Sheds	153
Common Yards, Back Roads and Passages	105
Pigstyes	78
Horse-manure Middensteads	19
Sweet shops	14
Market — — — — —	97
Places of Public Entertainment	47
Public Sanitary Conveniences	106
Schools	21
Ashes Receptacles	54
Smoke Observations	372
Tips and Spoilbanks	155
Testing drains : By smoke	82
By water	5
By coloured water	71
By breaking down	37

Carried forward 3292

TABLE S.I.3—*continued.*

Number and nature of inspections during 1960.

(b) Inspections re Sanitation and Food Supply— <i>continued</i>	5092
Factories Act, 1937 :	
Factories without mechanical power	9
Factories with mechanical power	329
Workplaces	43
Outworkers	16
Brokers' Premises	19
Shops Act, 1950	345
Fried Fish Shops.....	32
Fishmongers' and Greengrocers'	98
Butchers' Shops	377
Grocers' and General Shops	532
Bakehouses	64
Canteens	118
Private Slaughterhouse	23
Public Houses, Beer Houses, etc.	471
Food Preparing and Storing Places	446
Food Hawkers' Storage Accommodation and Market Stalls	569
Merchandise Marks Acts & Orders	135
Farms, Smallholdings etc.	1
Dairies & Milkshops	573
Ice Cream Premises	471
Samples of milk procured for bacteriological and biological examination	355
Samples of Ice Cream	131
Samples of Ice Lollies	143
Samples of drinking water for bacteriological examination	15
Samples of swimming bath water for bacteriological examination	14
Samples of other foodstuffs and swabs for bacteriological examination	46
Samples of milk and other foodstuffs for chemical analysis	516
Samples of Fertilisers and Feeding Stuffs	4
Pet Animals Act, 1951	18
Pharmacy and Poisons Act, 1933	60
Prevention of Damage by Pests Act, 1949	4392
Inspection of dwellinghouses and other premises for vermin infestation	671
Food Poisoning Enquiries	18
Visits to work in progress	9705
Visits re Housing—measurement for "Permitted Numbers"	228
Meat Transport Vehicles	1
Hairdressers' and Barbers' Premises.....	219
Atmospheric Pollution Gauges	115
Rent Act, 1957—Inspections re Certificates of Disrepair	91
Housing Act, 1949—Inspections re Improvement Grants	138
Miscellaneous Visits (interviews, etc.)	2570
	<hr/> 27413 <hr/>

Table S.I.4.

Number of defects for which notices were served during 1960, and notices complied with during the year (including outstanding notices from previous year)

Subject of Notices	Preliminary Notices	Statutory Notices	Number complied with
Refuse accommodation	1	—	1
Dampness arising from defective roofs, eaves-gutters, rainwater pipes and pointing	1849	1341	1438
Defective and choked drains, closets, cesspools, etc.	289	118	319
Absence of proper sink	20	20	19
Unsatisfactory yard paving	11	12	16
Filthy or verminous condition of premises	9	—	—
Accumulation of manure and offensive matter	2	—	2
Other housing defects	2284	1650	1673
Excessive emissions of smoke	11	—	3
Miscellaneous	38	6	15
Contraventions of:			
Factories Act, 1937	86	—	7
Shops Act, 1950	83	—	8
Nuisance Byelaws	15	—	—
Food Hygiene Regulations, 1955	647	—	48
Food Byelaws, 1951	2	—	—
Pests Act	1	—	—
Ditches	—	—	1
	5348	3147	3550

Referred to other departments:—

To Borough Engineer.

Choked or defective sewers	66
Choked or defective street gullies	36
Waste of Water	127
Dangerous structures	143
Maintenance of Dustbins Scheme	—
Unauthorised Erection	3
Defective Paving	1

To Housing Manager

Choked drains and housing defects	111
Overcrowding	1

Director of Education

Defects	6
---------------	---

To North Western Gas Board

Escapes of coal gas.....	2
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CHOKED DRAINS.—During the year 612 complaints of choked drains were made to the Department. Of this number 316 drains were freed from obstruction by members of the staff of the Public Health Inspector’s Department thus obviating the necessity for serving notices upon the owners.

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYELAWS OR REGULATIONS

Offensive Trades.—There are only two offensive trades in the Borough comprising 1 tripe boiler and 1 rag and bone dealer.

Camping Sites.—No sites were licensed during the year as camping sites.

Houses-let-in-lodgings.—There are 5 premises known to the Department to be used as Houses-let-in-lodgings.

During the year 5 visits of inspection were paid to premises of this nature.

Common Lodging Houses.—There are at present two premises used as common lodging houses in St. Helens. 93 visits were paid to these premises during 1960. One of these has a very low standard of housing accommodation and there is urgent need for additional common lodging-house accommodation of a much improved standard.

Hairdressers and Barbers.—There were at the end of the year 183 persons registered as hairdressers or barbers, and the number of premises registered was 172.

219 visits of inspection were made to these premises during the year.

Byelaws with respect to Nuisances.—These byelaws prove very effective for the control of pig-keeping. There were 35 persons in the Borough known to be engaged in the keeping of pigs, at the end of the year. 78 visits of inspection were made to pig styes during the year.

OTHER SANITARY CONDITIONS

Prevention of Damage by Pests Act, 1949.—Table S.I.5 gives particulars of the work carried out under the above-mentioned Act during the year.

The equivalent of two full-time Rodent Operators are employed by the Department for this work.

St. Helens can be regarded as being in a favourable position in regard to infestation of premises by rats. This is considered as being due to the policy of the Council over a long period in requiring the rat-proofing of drains and sewers in the case of all premises where infestations have occurred.

Shops Act, 1950.—In addition to statutory duties in regard to the ventilation and temperature of shops and the provision of sanitary conveniences, the Public Health Inspector's Department in St. Helens also takes responsibility for those provisions of the Act relating to lighting, washing facilities and facilities for the taking of meals.

83 infringements of the Shops Act, 1950, were found during the year. These were dealt with by service of informal notices.

345 visits were paid to shop premises under the Act during 1960.

Table S.I.5.
PREVENTION OF DAMAGE BY PESTS ACT, 1949
Report for year ended 31st December, 1960

	Type of Property				Total
	Local Authority	Dwelling houses	Agri-cultural	All other (including business premises)	
1. Total number of properties in Local Authority's district	100	32222	140	2703	35165
2. Number of properties inspected as a result of:					
(a) notification.....	32	177	1	99	309
(b) survey under the Act	35	75	28	142	280
(c) otherwise (e.g. when visited primarily for some other purpose)....	15	1161	25	323	1524
3. Total inspections carried out	838	2144	101	1309	4392
4. No. of properties inspected which were found to be infested by:					
(a) Rats	30	117	6	62	215
(b) Mice	50	35	—	75	160
5. No. of infested properties treated by Local Authority	74	73	1	114	262
6. Total treatments carried out	84	82	3	125	294

Places of Public Entertainment.—47 visits were paid to places of public entertainment during 1960. The condition of these premises throughout the year was found to be generally satisfactory.

Canal Boats.—There is only one canal within the Borough (the St. Helens Canal) and this has not been used for traffic for a number of years.

Mortuaries.—A Public Mortuary with post-mortem room is maintained behind the Town Hall, and is under the supervision of the Medical Officer of Health. During the year, 188 bodies were received into the mortuary and 168 post-mortem examinations were conducted.

Arrangements for the Disposal of the Dead.—At the end of the year there were 18.944 acres of land available for burials at the Borough Cemetery. There is an additional area of land adjoining the cemetery which can be utilised for extension purposes, consisting of 23.8 acres; 8.47 acres of this area will be used for the proposed Crematorium now in the course of construction and for a Garden of Remembrance, leaving 15.33 acres for future earth burials.

Public Swimming Baths.—I am indebted to Mr. M. Ward, M.I. Mun.E., M.T.P.I., A.M.I. Struct. E., Borough Engineer and Surveyor, for the following report on the public swimming baths in St. Helens:—

- (i) The Circulating, Filtration and Chemical Treatment plants have continued to operate in a satisfactory manner, both baths being sterilised by break-point Chlorination.
- (ii) Samples for bacteriological test have been taken from the pools regularly at weekly intervals and sent away for examination with generally satisfactory results.
- (iii) Ministry approval to Phase I of the scheme for modernisation was received during the latter part of the year and work commenced on this project.

Rag Flock and Other Filling Materials Act, 1951.—Owing to the continued shortage of Public Health Inspectors, no samples of rag flock or other filling materials were taken during the year nor were any visits of inspection made.

Housing Act, 1957—Slum Clearance.—Progress was continued during the year on the two-year slum clearance programme approved by the Public Health Committee.

The St. Helens (Elephant Lane No. 2) Clearance Order, 1960, was confirmed by the Ministry of Housing and Local Government in August, 1960. The St. Helens (Baxters Lane No. 1) Compulsory Purchase Order, 1960, and the St. Helens (Waterdale Crescent No. 3) Clearance Order, 1960, were confirmed by the same Ministry in October, 1960. Under these Orders, 51 properties will be demolished and approximately 54 new dwellings will be required to re-house the persons displaced. Rehousing from the Elephant Lane and Baxters Lane Orders commenced in 1960 and re-housing from the Waterdale Crescent Order will commence in 1961.

During the year, four clearance areas were represented to the Public Health Committee: Waterdale Crescent (No. 3) clearance area, comprising 14 houses; Worsley Brow (No. 1) clearance area, comprising 9 houses; and Peasley Cross (Nos. 1 & 2) clearance areas, comprising 206 and 4 houses, respectively.

Undertakings to demolish by owners were accepted in respect of 32 houses and a Certificate of Unfitness was given in respect of 1 property owned by the Corporation. In addition 1 Closing Order and 1 Demolition Order were made.

Demolition and re-housing continued during the year as follows:—

	<i>Houses Demolished</i>	<i>Persons Re-housed</i>	<i>Families Re-housed</i>
(1) Clearance Areas	40	411	133
(2) Undertakings to demolish by owners	46	128	33
(3) Certificates of unfitness by M.O.H.	23	85	23
(4) Closing Orders	—	6	1
(5) Demolition Orders	—	2	1
Total	109	632	191

XIX.—HOUSING.

Rent Act, 1957

The following are particulars of applications received under this Act during the year:—

(1) Number of applications for Certificates of Disrepair.....	67
(2) Number of decisions to issue Certificates	
(a) in respect of some but not all defects	51
(b) in respect of all defects	16
(3) Number of Undertakings given by landlords	41
(4) Number of Certificates of Disrepair issued	28
(5) Applications by landlords for cancellation of Certificates	23
(6) Objections by tenants to cancellation of Certificates	6
(7) Certificates cancelled by Local Authority	20
(8) Decisions by Local Authority to cancel certificates in spite of objections	3

DISINFESTATION OF PREMISES AND HOUSEHOLD EFFECTS

During the year, 671 inspections of dwellinghouses and food premises for vermin infestation were made, and the following disinfestation work was carried out:—

(1) Privately owned dwellinghouses	200
(2) Occupied Council houses	192
(3) Food premises	4
(4) Corporation buildings, other than dwellinghouses	22
(5) Other buildings.....	35
	<hr/>
Total No. of premises treated	453
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The insecticides used were either D.D.T. or Gammexane.

During the year 14 persons were sent to the Peasley Cross Isolation Hospital for the cleansing of themselves and their clothing. In most of these cases bedding was also disinfested by steam.

APPENDIX

Proposals under Section 28 of the
National Health Service Act, 1946, for the Provision of
Mental Health Services.

(Approved by the Council on 2nd December, 1959)

(Approved by the Minister of Health on 27th April, 1960).

1. GENERAL

(a) Existing Arrangements

It is intended that the Proposals by the St. Helens Local Health Authority will replace all existing Proposals approved by the Minister relating to the Prevention of Mental Illness, the Care of Persons suffering from Mental Illness or Mental Defectiveness, or the After-care of such Persons under Section 28 of the National Health Service Act, 1946; that their existing Proposals for carrying out duties under the Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1913-1938, will continue in operation until the relevant Sections of these Acts are repealed on dates appointed by the Minister by Order under Section 153 of the Mental Health Act, 1959; and that the Proposals relating to duties under these Acts will then be replaced by the Proposals set out below.

(b) Future Plans

The St. Helens Local Health Authority undertake in its new Proposals to make appropriate arrangements for the Provision of Services to meet the needs of the Mentally Disordered living in the community and to make the Services known to and available to those who are in need of them.

The following plans under Section (b) describe the developments which might be expected up to April, 1963:

- (1) Construction of Junior Training Centre and provision of Residential Hostel wing.
- (2) Adaptation of old Junior Training Centre and opening as a one-sex Adult Training Centre.
- (3) Recruitment and strengthening of Mental Welfare and clerical staff, and provision of appropriate office accommodation.
- (4) Experimental work in relation to the provision of Day Centres, Social Clubs and other activities.
- (5) The provision of necessary Hostel accommodation for the reception of patients discharged from Mental Hospitals to the community.

The following plans under Section (b) describes Proposals for the future development of the Service subsequent to April, 1963:

- (1) The expansion of Adult Training Centres to cover the needs for both sexes and the provision of Hostel Accommodation to meet the requirements of mentally sub-normal adult persons.
- (2) Establishment of occupational therapy and home training services and the continued review and strengthening of home visiting services.
- (3) Continued review and expansion of services covering Day Centres, Social Clubs and other activities.

2. ORGANISATION AND STAFF OF THE SERVICES

(a) Existing Arrangements

Administration: The powers and functions of the Local Health Authority under the Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1913-1938, are carried out by the Local Health Committee, which has appointed a Mental Health Services Sub-Committee.

This Sub-Committee consists of the Chairman and Deputy-Chairman of the Health Committee, eight other members of the Health Committee together with the Area Consultant Psychiatrist (who is also the Medical Superintendent of the Local Mental Hospital) as a co-opted member. All the powers and duties of the Local Health Authority, so far as they relate to Mental Health and Mental Deficiency, may be referred to this Sub-Committee for report to the Health Committee.

Mental Health Staff: The Medical Officer of Health is responsible for the organisation and control of the local services under the Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1913-1938. The administration of the Mental Health Department is supervised by the Medical Officer of Health, or his Deputy. Day to day executive control is exercised by the Department's Administrative Officers and by the Mental Welfare Officers.

For the purposes of Section 5 of the Mental Deficiency Act, 1913, the following have been appointed approved Medical Officers:—

De. Gerald O'Brien, Medical Officer of Health, St. Helens.

Dr. James H. Walsh, Deputy Medical Officer of Health, St. Helens

Dr. M. Joyce Caldwell, Psychiatrist, Child Guidance Clinic, St. Helens Education Authority.

In cases demanding special consultation the services of the Consultant Psychiatrist at present on the staff of the Local Education Authority are available, and, where necessary, cases may be referred to Consultant Psychiatrists of the Regional Hospital Board. No joint appointments regarding medical or non-medical staff are in force in St. Helens.

The non-medical staff consists of three whole-time Mental Welfare Officers (one male and two females), all of whom are graded in A.P.T. II of the N.J.C. Scales, and one whole-time sectional clerk (male) who is graded in Clerical Division of the N.J.C. Scales. One female and one male Mental Welfare Officer have attended approved courses of training, and the third Mental Welfare Officer (female) has an appropriate degree in Social Studies. She has recently attended a tutorial course in Mental Health. The policy of the Health Committee has been to furnish opportunities to Mental Welfare Officers for regular refresher courses.

(The staff of the present Occupation Centre is dealt with under paragraph 4—Junior Training Centres.)

Co-ordination with Local Hospitals: The Medical Officer of Health, St. Helens, is a member of the Rainhill Mental Hospital Medical Advisory Board.

The Medical Superintendent of Rainhill Mental Hospital (within the Borough boundary) is a co-opted member of the Mental Health Services Sub-Committee.

The Medical Officers and Mental Welfare Officers on the staff maintain close and regular contact with the Area Consultant for Mental Deficiency who visits the town approximately once a quarter to advise on difficult and problem cases under Statutory Supervision.

Close contact is maintained through the Mental Welfare Officers with all the Mental Hospitals in the area, and in particular with the Consultant Psychiatric staff at Rainhill Mental Hospital which lies within the County Borough boundary.

The Mental Welfare Officers in rota attend local Hospital Psychiatric Out-Patient Sessions at the St. Helens Hospital, and extensive use is made of the domiciliary visiting service, whereby in agreement with the family practitioners, Consultant Psychiatrists carry out home-visiting in pre-care work.

The Local Health Authority also undertakes, on request, the supervision of patients on trial or on licence from Mental Hospitals and Institutions for Mental Defectives.

As regards association with general practitioners in the area, there is an exceedingly close link between the Mental Health Section, the local doctors and the Consultant Hospital Services, and in fact these services work more closely together than any other form of Community Welfare Services as at present developed.

The Secretary of the St. Helens Local Medical Committee is a co-opted member of the Health Committee and is an appointed member of the Mental Health Services Sub-Committee.

(b) **Future Plans**

As regards future development, it is considered that the present structure of the Committee and staff organisation of the Mental Health Services should remain basically unaltered.

General Staff Development: Strengthening of the staff must obviously be undertaken and more time must be given to medical day-to-day supervision. It is suggested that the equivalent of half the time of an appropriately trained Assistant Medical Officer of Health should be devoted to mental health work.

It is considered that expansion of the staff of Mental Welfare Officers will be required to a minimum of at least twice its present strength (i.e. from 3 to 6 Officers) and there will also be necessary concomitant increases in the clerical staff.

No joint appointments with Regional Board Consultant Psychiatrists are contemplated at present.

Efforts will be made to expand the Officer staff as soon as possible from such dates as the relevant provisions of the Mental Health Act, 1959, come into operation, and the provision and equipping of suitable office accommodation to provide a focus for the expanded Mental Health Services will similarly be considered urgently by the Health Committee.

Training Centre and Hostel Staffs: The establishment of the new Junior Training Centre as will be noted under 4(b) has been laid down as follows by the Health Committee:

- 1 Supervisor
- 7 Assistant Supervisors
- 2 Guides and General Helps.

Appropriate residential hostel staff, in addition to the above, will be provided for the new residential wing adjoining the Junior Training Centre.

Suitably qualified staff will also be provided for male and female Adult Training Centres and residential hostel staff for any hostels which may be planned in connection with these Centres.

Residential hostel staff will be provided for any hostels provided by the Local Authority for persons discharged from Mental Hospitals.

Under any future development of home-training schemes, appropriate staff will require to be appointed in the form of Welfare and/or Occupational Therapists.

Extra administrative and clerical staff will be required to deal with the general administration of the Schemes under 3(b), 4(b), 5(b) and 6(b).

Voluntary Associations: It is not proposed that any duties of the Local Health Authority should be delegated to local voluntary organisations. The Local Health Authority will, however, continue its grant to the funds of the St. Helens Mental Welfare Society, to enable them to assist in welfare activities among mentally subnormal persons, in connection with the provision of clothing and footwear, day outings, holidays, Christmas parties, etc. It is also intended to ask the St. Helens Mental Welfare Society to interest itself in the organisation of social clubs in the district for discharged patients from Institutions or Mental Hospitals. The Local Health Authority will make use of such other voluntary organisations as may at any time appear desirable.

Staff—Liaison with Hospitals and Training of Staff: Attendance of Mental Welfare Officers at Local Psychiatric Out-Patient sessions at the St. Helens Hospital will be continued, and existing association with general practitioners in the area will be closely maintained.

It is intended, by arrangement with Rainhill Mental Hospital, which lies within the County Borough boundary, that Mental Welfare Officers should follow up their cases through Hospital after admission, and shall attend, where practicable, case conferences with Consultant Psychiatrists, particularly assessment conferences held prior to the patient's discharge from Hospital.

By arrangement with Rainhill Mental Hospital, Mental Welfare Officers, Health Visitors and District Nurses will attend the Hospital for local refresher courses on Mental Health work.

It is intended to ask Local Consultant Psychiatrists to introduce a friendly advisory service to Local Authority residential hostels for the mentally disordered when these are established.

The Health Committee will maintain its policy of providing opportunities for post-graduate and refresher courses for Mental Welfare Officers and also for Medical Officers on the staff of the Health Department, and will also continue to provide two annual studentships for Trainees at the Junior Training Centre, the course to include one year's study at Manchester for the Diploma issued by the National Association for Mental Health. The Authority will take advantage of such other courses as may become available.

3. SERVICES TO BE PROVIDED

The St. Helens Local Health Authority intends to carry out its duties under Section 28 of the National Health Service Act, 1946, in accordance with the following provisions.

4. JUNIOR TRAINING CENTRES

(a) Existing Arrangements

There are no Residential Junior Training Centres in St. Helens.

Day Junior Training Centre: The Day Junior Training Centre (Occupation Centre) is situated in Sinclair Street, St. Helens. The Staff consists of a Supervisor (Unqualified), 2 Assistant Supervisors (Unqualified), 2 Guides and General Helps, and 2 Student Trainees. The number of pupils on the roll in each age group is as follows:—

<i>Under 16 years</i>			<i>Over 16 years</i>			<i>Total</i>		
<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
16	13	29	9	11	20	25	24	49

In the past, cases have been admitted from the area of the Lancashire County Council, and at present one such case is in attendance there.

The premises comprise of a large assembly hall (which is utilised as a gymnasium and occupational therapy room for the older defectives), two classrooms for the juniors and one dining room.

Meals are provided through the School Meals Service of the Local Education Authority, the charges being in accordance with those operating in the schools throughout the Borough.

By arrangement with the Education Committee the facilities of the School Health Service are made available in their entirety to pupils under 16 years of age at the Day Training Centre. This includes annual medical inspection, annual dental inspection and the provision of intercurrent treatments at School Health and Dental Clinics.

A free 'bus service is provided for the transport of pupils to and from the Centre and they travel under the supervision of members of the Training Centre Staff.

The St. Helens Mental Welfare Society, a voluntary body, provide day outings, Christmas parties and, if possible, annual summer holidays in a camp in North Wales for pupils at the Centre.

(b) Future Plans

The Local Health Authority have submitted plans to the Minister for the erection of a new Junior Training Centre and consent has already been given to this proposal. The staffing for this Centre has been shown in detail under 2(b). The present existing arrangements for the provision of transport and meals, and for medical and dental inspection and treatment will be continued for the new Junior Training Centre as for the existing Day Training Centre.

It is proposed to submit extended plans to the Minister for the erection of a Hostel wing on land immediately adjacent to the new Junior Training Centre. This Hostel would be reserved for children of 16 years of age and under.

The Hostel will also be used for the purpose of providing short-term care for children under 16 years where residential care is not available in Regional Hospital Board Institutions, and for the long-term care of mentally sub-normal children of 16 years of age and under, discharged to the community from Mental Deficiency Institutions.

As far as can be visualised at present, such Day and Residential Schemes should provide adequate accommodation for cases of mental subnormality in the community, but will be extended if the need arises.

5. ADULT TRAINING CENTRES

(a) Existing Arrangements

There are at present no separate residential or Day Training Centres for the over 16 age group in St. Helens. At present 9 males and 11 females over 16 years are attending the Day Training Centre. Particulars of staffing at

this Centre are given under 4(a). The curriculum includes instruction in hand work, particularly rug-making and embroidery, also rhythmic exercises in singing and dancing.

(b) Future Plans

It is proposed that pending long-term planning the present Day Training Centre at Sinclair Street, St. Helens, should be adapted as a temporary Adult Training Centre when the proposed new Junior Training Centre is opened. (These premises cannot be regarded as providing a service for a long period, as they are scheduled for demolition under future road and town planning schemes.) In addition, consideration will be given to the establishment of a temporary Adult Training Centre in central town premises, at present under consideration for acquisition by the Health Committee. The development of these two premises would allow for two single-sex temporary Centres, but if one only is capable of development this would be undertaken for males aged 16 years and over.

It is intended that the staffing in male and female Centres should be equivalent to that of a 40-place Centre, and should at least consist of one supervisor, three assistant supervisors and two general helps at each Centre. Where necessary, transport arrangements would be made, without charge, to and from the home, and meals would be provided as at present through the School Meals Service of the Local Education Authority.

The Authority will consider the future provision of new Adult Training Centres to cater for the training of both sexes, with the provision of spatially separated Hostel accommodation for the two sexes. These Hostels would cater for mentally subnormal persons attending the Adult Training Centres or otherwise in sheltered employment or full employment in the community, for the short-term care of mentally subnormal persons, and would also provide for cases discharged to the community from Regional Hospital Board Institutions.

Comprehensive schemes of occupational therapy will form part of the course of instruction in Adult Training Centres, and the Local Authority will undertake the provision of raw materials to pupils on a basis of repayment to be arranged by the Authority following any disposal by sale of the finished articles.

In the development and training of adults who cannot be placed in ordinary or sheltered employment elsewhere, appropriate wage or inducement payments will be made by the Local Authority to the pupils for goods which they have made and which can be disposed of on a commercial basis.

It is anticipated that the schemes outlined above could be expected to provide places for all mentally subnormal adults in the community over the age of 16 years. In the case of those capable of entering employment, close co-operation will be maintained with the Disablement Resettlement Officers of the Ministry of Labour.

6. RESIDENTIAL ACCOMMODATION

(a) Existing Arrangements

At the moment there is no specific provision in St. Helens for mentally disordered persons discharged from Hospital, nor are there any defined arrangements with any body or Authority to provide such accommodation. One or two places have been found for former mentally disordered persons in Welfare Authority Hostels, but this has been as a solution of a social problem rather than a defined policy in agreement with the Mental Health Authority,

As and when necessary, in individual cases, residential accommodation is arranged in voluntary homes in the area run by the National Association for Mental Health, e.g. Orchard Dene, Rainhill, or in other approved Private Homes, in accordance with Circular 5/52, for mentally subnormal children requiring care and supervision if such cannot be obtained in an Institution of the Regional Hospital Board.

(b) Future Plans

As far as meetings with Local Mental Hospital Administrators have revealed, it is likely that the St. Helens Authority, in the first instance, may have to deal with mentally disordered persons capable of discharge to the community but requiring some degree of medical or psychiatric supervision.

As far as can be ascertained on a present census, a 20-30 place mixed Hostel would be required to cater for such cases. Adequate staff to man such a Hostel would, of course, be required. Where possible, under psychiatric advice, the residents would be encouraged to attend a training centre with eventual graduation to ordinary or sheltered employment.

Provision for short-term care, and for the long-term care of the mentally subnormal of all ages, is being made by the establishment of hostels adjacent to the junior and adult training centres.

The Authority will make such other provision as may be necessary, either by making arrangements with other bodies or authorities or otherwise for the residential care of the mentally disordered.

7. HOME TRAINING

(a) Existing Arrangements

No home teachers or group teachers are at present employed by the St. Helens Local Authority.

(b) Future Plans

It is intended that a system of home-training will be introduced for those persons unable to attend Training Centres. It is estimated that this would require the whole-time services of one Occupational Therapist, and a scheme of occupational therapy will be operated for all persons at home on the Care and After-care list of the Mental Health Department as being mentally disordered persons.

8. DAY CENTRES, SOCIAL CLUBS AND OTHER ACTIVITIES

(a) Existing Arrangements

At the moment there is no specific provision in St. Helens for Day Centres or Social Clubs for any class of mentally disordered or subnormal persons. One or two former mentally disordered persons are at present attending a Welfare Authority Central Social Club in the town, which is provided specifically for physically handicapped persons.

(b) Future Plans

It is intended that the St. Helens Local Health Authority should experiment with Social Clubs for mentally disordered persons discharged to the community. In the beginning it is not proposed to erect any special premises, but to use, where suitable, existing Health Department premises, in particular Maternity and Child Welfare Centres which would be available for use as

Social Clubs during the day or in the evenings. Similarly Junior and Adult Training Centres could be used for evening Social Clubs. The development of such schemes would be dependent on available staff, but approaches will be made to the St. Helens Mental Welfare Society (Voluntary) or other local voluntary societies to help in the organisation of social activities.

Wherever suitable, such services would be shared with those provided for other classes of handicapped people through the Welfare Services.

Both in the case of mentally subnormal and mentally disordered persons the Authority will, either directly or through the agency of local voluntary organisations, provide such persons with appropriate facilities for vacation and recreation.

9. HOME VISITING SERVICE

(a) Existing Arrangements

At the present moment home visiting for the purposes of pre-care and after-care in the case of mentally subnormal persons and persons suffering from mental disorders is mainly carried out by three Mental Welfare Officers. General home visiting is, of course, also carried out by Health Visitors and cases requiring special psychiatric advice and guidance are referred for special follow-up by the Mental Welfare Officers.

Cases who are discharged from the after-care list as cured, but who still may present some concurrent social problem, are transferred to the home visiting service of the Welfare Services Department.

(b) Future Plans

The present staff of Mental Welfare Officers is considered from experience to be inadequate in numbers to carry out the extended home visiting service which will be required under the new Act. It is intended, therefore, that the staff of Mental Welfare Officers should be increased to a minimum of six. If the extra posts cannot be satisfactorily filled by persons experienced in mental health work they will be initially filled by Officers with a basic training in welfare work and opportunities, by means of refresher courses or other suitable training will be given to personnel to expand their knowledge and qualifications in mental health work.

This increase in Mental Welfare Officers would be separate and distinct from any appointment made to further a home training scheme as under 7(b)

10. GUARDIANSHIP

(b) Future Plans

The St. Helens Local Health Authority will undertake to exercise their functions under the Mental Health Act, 1959, in respect of persons placed under Guardianship, whether under that of the Authority or of other persons.

